

DRAFT – DRAFT – DRAFT – DRAFT – DRAFT



Guide to Standards and Measures Interpretation

Effective Date

DRAFT – DRAFT – DRAFT – DRAFT

The Guide to Standards and Measures Interpretation is a written explanation or guideline of the meaning of, or a specific provision thereof, a standard or measure, or documentation requirement, as determined by PHAB and as adopted by the PHAB Board of Directors. Credibility and consistency in accreditation result from sharing the same interpretation. These written guidelines on interpretation will be considered authoritative. This Guide to Standards & Measures Interpretation serves as the official document for interpretation for PHAB accreditation.

The purpose of the Guide to Interpretation Standards and Measures is to give guidance and interpretation to the standards, measures and documentation. The guidance is for health departments preparing for accreditation, for site team members who will be reviewing the Self Assessment Tools and conducting site visits, for anyone offering consultation or technical assistance to health departments, and for PHAB – both the Board of Directors and staff. Although PHAB staff will interpret the standards, measures and documentation, the Board is the final authority on interpretation of PHAB standards, measures and documentation.

It is the responsibility of PHAB to determine the baseline of Interpretation of:

1. Standards and associated measures, for the purpose of :
 - a. Clarifying the intent of the standard and measure; and
 - b. Defining the expected competence of the state, local, or tribal health department in demonstrating the measure.
2. Documentation, for the purpose of:
 - a. Determining that a measure is demonstrated based on the evidence submitted,
 - b. Guiding the evaluation of the documentation by the Site Visit Team, and
 - c. Assisting the health department in the preparation and collection of documentation.

While the evaluation of documentation, led by this guide, will direct site visit team members in the review of documentation and in determining whether a measure will be demonstrated, it is also valuable in guiding the health department and the Accreditation Coordinator as they select documentation for a measure.

DRAFT – DRAFT – DRAFT – DRAFT

The standards and measures address the full range of governmental public health activities, including environmental public health, clinical services, health education and promotion, disease control and prevention, human resources, and IT. This broad range of work is referred to as processes, programs and interventions in the standards and measures and is inclusive of all work activities of the health department. The activities may be directly provided by the health department or conducted by another agency.

In general, a reference to “the standards” includes references to the domains, the standards, the measures and the documentation. There are 11 Domains covering the standards. The first domain is the administrative capacity and governance domain in Part A. The other ten domains, in Part B, cover public health and quality improvement. There are 30 Standards. Each standard has a short form “title” followed by a full standard statement. In the state health department standards, there are 111 measures. In the local health department standards, there are 102 measures. Tribal health departments will use the local standards and measures. The majority of the standards and measures are the same for both state and local health departments and are designated with a “B”. Where the standard or measure is either local or state, the measures often address similar topics but have slight differences in wording and will be designated with a “S” for state health departments and “L” for local health departments.

The structural framework for the PHAB standards and measures uses the following taxonomy:

Part A – Administrative Capacity and Governance

- Standard *(example – Standard A1)*
 - Measure *(example – Measure A1.1)*
 - State *(example – Measure A1.1 B for both state and local)*

All standards and measures in Part A apply to both state and local departments and are designated as a “B”.

Part B – 10 domains using the structure of the Ten Essential Services and Operational Definition

- Domain *(example – Domain 5)*
 - Standard *(example – Standard 5.3)*
 - Measure *(example – Measure 5.3.2)*
 - State, Local or Both *(example – Measure 5.3.2 S for state health departments)*
(example – Measure 5.3.2 L for local health departments)

DRAFT – DRAFT – DRAFT – DRAFT

Documentation Guidance & Interpretation

There are many methods for producing the documents required or suggested in the standards. Some may be produced by local health department staff; others by state health department staff for use by local health departments; others by partnerships, regional collaborations and/or the use of contracted services. The purpose of documentation review is to confirm materials exist and are in use in the agency being reviewed, not who originated the material.

Additionally:

- All documentation must be in effect at the time of the PHAB accreditation site visit.
- No draft documents will be reviewed for scoring.
- All documents must be dated for reviewers to evaluate conformity to timeframes.
- Documentation submitted to demonstrate conformity to the standards does not have to be presented in a single document; several documents may support conformity to a single measure. Likewise, a single document may be relevant for more than one measure.
- Provide documentation that directly addresses the measure. Limit documentation to the most relevant; more is not always better.
- Documents may be electronic, web-based and/or hard copy. Hard copy documents must either be scanned into an electronic document for submission of the Self Assessment Tool or the department may title the document and note that it will be available to the site visit team during the site visit.

The documentation for the measures will list three types of documentation for the measure:

- **Required Documentation** is a description of the documents, content, topics and/or issues that the documentation must contain to demonstrate the measure
- **Examples of Documentation** describes some examples of the types of documentation that could be presented when there is no required documentation. These examples are not inclusive of every type of documentation that a health department could present. Health departments are to select documents that best support conformity with the measure and are encouraged to present documentation in the formats used in regular agency operations.
- **Other Examples of Documentation** describes some examples of the types of documentation that could be presented in addition to the required documentation that is listed for the measure. As before, the examples cited are not inclusive of every type of documentation that a health department could present. In preparing required documentation, health

DRAFT – DRAFT – DRAFT – DRAFT

departments may have other documentation that could be used to support conformity with the measure. This is optional for measures with required documentation. However, the submission of other examples will help PHAB evaluate the best documentation needed to demonstrate conformity with the standards.

Types of documentation which may be used to demonstrate conformity:

- √ Examples of documentation that describe policies and processes: policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, logic models or other documentation
- √ Examples of documentation for reporting activities, data, decisions: health data summaries, survey data summaries, data analyses, audit results, meeting agendas, committee minutes and packets, after-action evaluations, continuing education tracking reports, work plans, financial reports, quality improvement reports or other documentation
- √ Examples of materials to show distribution and other activities: email, memoranda, letters, dated distribution lists, phone books, health alerts, Fax, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, contracts or other documentation

Timeframes

Documentation for compliance with the standards must be within the five years prior to the PHAB Accreditation Self-assessment submission date, unless the measure states a different timeframe. These other timeframes are defined below and in the **PHAB Acronyms and Glossary of Terms**. There are references throughout the measures to timeframes, starting from the PHAB accreditation survey date, for certain activities. For the purposes of consistency, these are defined as:

- Annually – within the previous 14 months of the site visit
- Current – within the previous 24 months of the site visit
- Biennially – within each 24 month period, at the least, previous to the site visit
- Regular – within a pre-established schedule as determined by the health department.

Type of Measure

Each measure has been given a type designation – capacity, process or outcome. Some measures may have characteristics of more than one type. When this is so, the predominant characteristic is used to define the type. Based on these brief definitions, the types of measures are:

- Capacity - something (a process, program or intervention) that is in place
- Process - something (a process, program or intervention) that must be done
- Outcome - a change or a lack of change resulting from an action or intervention. Two subtypes of outcomes are used:
 - process outcome – where the results of a process are tracked and results are documented
 - health outcome – where the results may include health status information

Type of Review for Individual Measures

There are two types of review that can be applied to each measure depending on whether the topic is addressed at the overall health department level or the topic applies to all programs:

- **Department Review:** The measure applies to the department level. However, meeting the measure may require the participation of many or all programs/activities within the organization. The measure is demonstrated only once at a central point in the agency (an example is human resources).
- **Sample Review:** These measures apply to the program or activity level and a sample of programs must show individual demonstration of the measure.

When the “health department” is cited in the Guide to Standards and Measures Interpretation, the reference is to the health department – state, local or tribal – that is seeking accreditation status under the PHAB standards. In selecting documentation for measures, the Health Department level can include and be represented by the staff, including leadership positions and the health director, by programs, or by partnerships that include the health department. When the health department is to fulfill requirements of a measure, work of the governing entity may be used if appropriate, but is not required unless so specified.

Quality Improvement

The Exploring Accreditation Final Report noted that a voluntary national accreditation program should “promote high performance and continuous quality improvement.” This philosophy was adopted and is supported by PHAB and is reflected throughout the standards and measures. Domain 9 has a focus on the evaluation of all programs and interventions including key public health processes, and on the implementation of a formal quality improvement plan to implement improvements in selected program areas.

Applicability to State and Local Agencies

Standards are, for the most part, applicable to both state and local departments with some unique state measures. Throughout the standards development process, the wide variation in state and local structures was acknowledged and the intent is that the standards be broadly applicable to differing structures, sizes and complexities of agencies. The standards and measures focus on core public health functions (as defined by the 10 Essential Services) and exclude areas such as Medicaid, mental health, substance abuse, primary care and human service programs. However, when core public health functions are provided by more than one agency or through a partnership, the health department and other agencies must demonstrate how the process, program or intervention is delivered.

PHAB Acronyms and Glossary of Terms

The PHAB standards and measures are accompanied by a detailed, sourced Glossary for many of the terms used in the standards. The Glossary also contains a list of acronyms used in the standards. This companion document offers important assistance in understanding the full interpretation of the standards and measures.

DRAFT – DRAFT – DRAFT – DRAFT

General Guidance

Below are some general guidelines in preparing and collecting documentation for the self assessment tool and for the site visit.

Preparation and Collection of Documentation

The documentation that is submitted with the Self Assessment Tool (SAT) is the evidence that will be reviewed by the site visitors to determine conformity with each measure. Prior to and during the site visit, the site visit team may require clarification or additional documentation to support the evidence provided.

Documentation cannot be changed after it is submitted with the SAT. If the agency notices errors, such as (but not limited to) in signage, personnel records, policies, and minutes, a statement of correction can be placed with the submitted documentation. Note that the correction is to correct factual errors in the documentation, not to update or revise. The health department, if asked to by site visitors, can produce other documentation that is already complete or in place. There cannot be a full revision of evidence or creation of new evidence during a site visit, such as a major rewrite of a policy or development of a new policy that requires a called meeting of the governing entity during the visit. For example, staff trainings scheduled after the site visit begins will not be considered as evidence, and there cannot be a new policy or plan created and signed during the visit. **Remember, documentation used as evidence for the standards must be in place at the time of the site visit.**

There may be specific measures that are best demonstrated by having the site visit team personally observe. Examples are agency signage, adherence to privacy policy, and employee practices. For these measures, if the observed element or action does not meet the intent of the measure or a policy/protocol related to that measure, then it is not fully demonstrated.

The site visit team does have the final decision on scoring and they do have some discretion in their observances of evidence, as long as they follow the guidance of this document and of site visitor training.

DRAFT – DRAFT – DRAFT – DRAFT

Documentation Resource File

Each health department should develop a resource file when preparing documentation. The resource file, which may contain both electronic and hard copy documents, will be the total collection of documentation for the standards. It should include documentation submitted on the SAT, along with any other documents that help to demonstrate conformity with the measure or support submitted material. After the health department submits the completed SAT, information in the resource file can continue to be added, revised or replaced prior to the site visit. If the site visitors need additional information, the health department can use the resource file to help address questions. If evidence has changed between the submission of the SAT and the site visit, the health department should notify the site visit team chair of the revised documentation prior to or at the start of the site visit. The additional information may help clarify the documentation for the site visitors. However, the initial evaluation of the documentation by the site visit team will be on the documentation submitted with the SAT.

Policy and Plan Review

The Site Visit Team reviews all policies and plans that pertain to standards and measures mentioned in the Self Assessment Tool. Typically, time does not permit the site visitors to review all plans and policies in great detail. Site visitors will check to see if policies and plans follow any guidelines established by the health department. They will also look for any required elements listed in documentation. If the policy or plan is a large document, or a part of a larger manual, the health department should flag or highlight required sections of submitted documentation. This will allow site visitors to specifically assess documentation the health department would like reviewed in documentation.

All policies and plans should be the most current version, dated, and signed by the appropriate individuals indicating approval. As indicated by measures, site visitors will also look to see if policies are accessible to appropriate staff. The health department's policies and plans should relate to the activities and the work done by that health department. It is acceptable, but not necessary, to use the specific wording of the standards and measures in policies and plans.

Meeting Minutes

Whenever minutes from meetings are used as evidence for documentation requirements, the health department must include all relevant attachments that are referenced in the minutes or were discussed. It is also helpful to include an agenda for the meeting, if available.

DRAFT – DRAFT – DRAFT – DRAFT

Personnel Records/Training

The format for personnel records and for continuing education requirements may vary per health department or per state. This information may be kept in a variety of methods, including logs or personnel files. It is important that the health departments' personnel meet the requirements for their specific job assignments. The number of personnel files selected will depend on the sample needed to demonstrate the measure for the agency. The health department should not submit any documentation that has personal information or identifiers. A template or form used can be submitted with a note that records will be available on site for review.

Dependent on the laws of each state, certain elements of a personnel record may be defined as public record or not. **However, there is no authority granted or needed for the site visit team to see any information that is confidential.** The Site Visit Team should only be looking at information that is relevant as documentation for the given measure. The SVT should NOT examine, consider or question any confidential or personal information that may be presented to the team. The important aspect is that the department has the process required in place and that it is being followed or implemented. It is not about seeing individual results of the process.

The entire personnel record does not have to be provided to the site visit team, only items specified in the measures. The information can be provided separately for the records that will be used as documentation or can be provided in personnel records that do not contain information other than what is available as public record in the state, or can be submitted as the full personnel record IF consent for review has been obtained from the employee. The state, local, or tribal health department will be responsible for obtaining employee consent if full records are provided for review.

Documentation guidance will be in development throughout the beta test. The Guide to Interpretation will be revised and expanded using feedback received during the Beta Test.

DRAFT – DRAFT – DRAFT – DRAFT

Format for the Guide to Standards & Measures Interpretation Document

Part A & Part B – Domain: <i>This will be the part and/or domain under which the standard and measure being evaluated is listed.</i>				
Standard: <i>This is the standard to which the measure applies.</i>				
Measure	Documentation	Interpretation and Guidance		
<i>This section will list the measure being evaluated.</i>	<i>This section contains either required documentation or examples of documentation that can be used as evidence to score this measure.</i>	<i>Interpretation applicable to all health departments will be in this section.</i>		
		<i>The following three sections will be specified as needed.</i>		
		State	Local	Tribal
		<i>This section will contain information for STATE health departments that will offer guidance on the interpretation of the standard, measure and documentation and on evidence that will be appropriate for the measure.</i>	<i>This section will contain information for LOCAL health departments that will offer guidance on the interpretation of the standard, measure and documentation and on evidence that will be appropriate for the measure.</i>	<i>This section will contain information for TRIBAL health departments that will offer guidance on the interpretation of the standard, measure and documentation and on evidence that will be appropriate for the measure.</i>
Type of Measure <i>...will be listed here</i>	Type of Review <i>...will be listed here</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Guide to Standards & Measures Interpretation Part A

Part A: Administrative Capacity and Governance

Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

Having the infrastructure to deliver public health services is important if an agency wants to be able to perform those services in a way that efficiently and effectively meets the needs of constituents. By having and maintaining the organizational infrastructure, the agency can assess operations and implement quality improvements in how the agency functions in the delivery of processes, programs and interventions.

Part A: Administrative Capacity and Governance

Provide Infrastructure for Public Health Services

Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure	Required Documentation	Interpretation and Guidance
A1.1 B: Maintain <i>policies</i> and <i>procedures</i> regarding <i>agency operations</i> , review <i>policies regularly</i> and make them <i>accessible</i> to staff	<ul style="list-style-type: none">• <i>Policy and Procedure</i> Manual or individual policies (may be electronic)• <i>Agency</i> organizational chart• Reports of review at least every five years or proof of ongoing updating <i>process</i>• Description of methods for staff <i>access to policies</i>	<p>Having standardized written policies that are accessible and understandable to staff is important in setting the organizational and operations expectations for staff. This activity is assessing the agencies processes for maintaining policies and procedures, which will include development, writing, reviewing, revising, training and sharing of agency policy. This activity is assessing agency policies that direct organizational operations; it is not assessing program guidelines.</p> <p>This documentation is required and is based on the agency’s written policies. The policies can be in hard copy or an electronic copy. If electronic, the policies can be files on a server or posted on the web. Only the most recent version of policies must be presented. The agency will have to have a process for the review, and revision if necessary, of policies. Reports must be provided that show the reviews that have taken place and the process used to revise or update policies and how the staff are informed of the changes. While only the most recent edition of a policy must be provided, previous copies of a policy may be used to document the review and revision process. Agencies must also demonstrate how staff may access policies. Access methods can include web based, agency intranet, server access, distributed as hard copy,</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>available from supervisors or located in central locations in the agency in manuals.</p> <p>The final required documentation for this activity is the agency organizational chart. It must be the most current edition. If changes occur to the organizational chart between the submission of the SAT and the site visit, the agency should have a copy of the revised chart available for the site visit team.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance		
Provide Infrastructure for Public Health Services		
Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.		
Measure	Required Documentation	Interpretation and Guidance
A1.2 B: Demonstrate written policies regarding confidentiality, including applicable HIPAA requirements	<ul style="list-style-type: none"> Confidentiality Policies, including business associate agreements and electronic transfer of data policies 	<p>This activity continues the maintenance of agency administrative operation policies with a focus on confidentiality. It is critical that health departments, and the individuals who work in them, maintain the confidence of clients and their health information. Lack of attention can lead to violations of confidentiality, which poses a liability to the agency and lessens credibility.</p> <p>This documentation is required and is directed at how the department protects confidentiality. Evidence will include copies of the agency's confidentiality policies and procedures. As was</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> Documentation of training content and staff participants Signed employee confidentiality forms, as required by policies 	<p>true in Measure A1.1B, the policies may be either hard copy or electronic format. Policies must define the agencies processes for protecting client confidentiality, both personal (directed toward the person) and informational (directed at their health data and records). This may include such things as clinical protocols, staff access to records and computer use policies.</p> <p>Documentation must include how you train staff on these policies, including the content. This may be shown through providing a copy of the training materials and an agenda for the training session – whether group or individual. The agency must have a record of who attended the training. This may be a log, a sign-in sheet or a record/statement from web-based training. The agency must also provide evidence of a confidentiality form or agreement that is signed by employees. This form should have staff acknowledge their responsibilities for protecting confidentiality. For submission of the SAT, the agency can include a copy of the form itself. There is no need to submit copies of every employee signed form, however, the site visit team will ask to see where and how the forms are kept and will check to see if signed forms are present as required by policy.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance

Provide Infrastructure for Public Health Services

Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
<p>A1.3 B: Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs, and interventions</p>	<ul style="list-style-type: none"> Policy or procedure for development of culturally and linguistically appropriate interventions and materials Two examples (policies or materials) that demonstrate provision of processes, programs or interventions in a culturally or linguistically competent manner, including application of social marketing activities One example of documentation of training content and staff participants <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> Report of a cultural and linguistic competence assessment of the agency (this could be the 	<p>Public health is responsible for all citizens in the agency’s jurisdiction, and usually that will include people of multiple backgrounds and cultures. Ensuring that the agency’s services, material and processes address these cultural differences will enhance the agency’s ability to provide the best in meeting the needs of the client. This activity assesses that the scope of the agency’s work – administratively and programmatically - is sensitive to the social, cultural, and linguistic differences of clients.</p> <p>This measure has required documentation as well as other examples that may be provided to demonstrate how the agency meets this. The policy or procedure for how the agency approaches this measure is required. Through policy and the submitted example, the health department must demonstrate how it has implemented social, cultural, and linguistic factors into relevant processes, programs, and interventions. The example must include the relevant approaches if the agency engaged in social marketing activities.</p> <p>As in A1.2B, the agency must document how it trains staff on this policy and this measure. As before, the agency must document the content used in training. This may be shown through providing a copy of the training materials and an agenda for the training session – whether group or individual. The agency must have a record of who attended the training. This may be a log, a sign-in sheet or a record/statement from web-based training.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	CLCPA self-assessment from the National Center for Cultural Competence, assessment against CLAS standards or another tool)			
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance

Provide Infrastructure for Public Health Services

Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure	Required Documentation	Interpretation and Guidance
A1.4 B: Maintain a Human Resources system	<ul style="list-style-type: none"> Human Resource Policy and Procedure Manual or individual policies(may be electronic) that address at least eight of these topics: <ul style="list-style-type: none"> Personnel recruitment Personnel selection and 	<p>Having a well defined and structured human resources system is important for any organization. This provides the agency with the needs processes to hire and manage personnel. The human resource system may be fully contained within the agency, may be its own agency or office outside the agency, or may be implemented as a combination of the two. An agency may also contract certain human resource actions to an outside organization that specializes in those actions.</p> <p>This measure has both required documentation and other examples. The agency is required to provide the human resource policies or manuals that direct this aspect for the agency. It may be in hard copy form or may be electronic or web based. The documentation lists 13 topic areas of human resource policy. The agency must demonstrate capacity in 8 of the 13 topic areas. This may be done by providing individual policies on these topics, or it could be sections in a manual or personnel ordinance of some type. The agency can decide which topics to include in the</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>appointment</p> <ul style="list-style-type: none"> ○ Salary structure ○ Equal opportunity employment ○ Hours of work ○ Time reporting ○ Overtime ○ Benefit package ○ Training and continuing education ○ Performance evaluation and individualized training plan ○ Sexual and other harassment ○ Problem solving and complaint handling ○ Computer use <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> ● Labor agreements, including description of mechanisms for working relationships <p>See also Domain 8 for implementation of Human Resource policies and procedures</p>	<p>documentation. The agency is also free to include more or even all topics if desired. However only 8 are required to meet the documentation requirement.</p> <p>The agency can also provide other documentation to demonstrate how it meets this activity. The stated example is of labor agreements, which could also include contracts. The documentation provided should include how the working relationship is structured.</p> <p>Under this measure, there is no need to demonstrate how the human resource system has been implemented. This measure is assessing the capacity of the agency to provide the human resource function. See Domain 8 for implementation of Human Resource policies and procedures.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			
---	---	--	--	--

Part A: Administrative Capacity and Governance

Provide Infrastructure for Public Health Services

Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure	Required Documentation	Interpretation and Guidance		
A1.5 B: Maintain information systems that support the agency's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication	<p>Examples of Documentation</p> <ul style="list-style-type: none"> Two examples that demonstrate use of technology to support public health functions Inventory list of hardware List of software, including capacity for data analysis, word processing, internet/website 	<p>There is a wealth of data available to any public health agency, whether created or collected by the agency. To use the data effectively, the agency must have an information system that provides the ability to process and manage information.</p> <p>This measure has both required documentation and other examples. The agency is required to provide two example of how technology is used to support functions of the agency. The two examples must be different. For example, the agency should not simply provide two different functions from the same program or system. Examples that will meet this measure include a scanning system to preserve records, an electronic billing and/or grant system, standard employee computer hardware and software package, an educational kiosk, vital records systems, program (such as WIC) information systems, licensing information systems, electronic medical records, a client self-check in, patient registries, and on-line data services.</p> <p>Other examples of documentation would be an inventory of hardware to demonstrate the capacity of staff access to technology and to the internet and web-based applications. Also, an inventory of software may demonstrate the ability of agency staff to enter, analyze and maintain data.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance				
Provide Infrastructure for Public Health Services				
Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.				
Measure	Required Documentation	Interpretation and Guidance		
A1.6 B: Maintain facilities that are clean, safe, accessible, and secure	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Licenses for clinical areas • Inspection reports • Certificate of occupancy • Log of facility work orders or facility related issues • ADA compliance audit 	<p>To provide the processes, programs, and interventions of the agency, the facilities must be adequate. All facilities that are operated by the agency must be clean, safe, accessible, and secure for both staff and the public.</p> <p>There is no required documentation here but the agency can select the evidence that demonstrates its capacity to maintain the facilities needed for its processes, programs, and interventions. This may include such things as OSHA reports, Clinical Laboratory Improvement Amendments (CLIA) certification for the laboratory, internal (agency conducted) or external (an independent organization) inspection reports, cleaning and maintenance policies, logs, records, contracts or orders, medical waste storage, audits for compliance to ADA. The agency does not have to have the examples listed, but is to select evidence that will demonstrate to the site visit team a variety of approaches toward meeting this measure.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure Capacity	Type of Review <i>Health Department Level</i>			
------------------------------------	---	--	--	--

Standard A2 B: Establish effective financial management systems.

Sound financial practices are a basic principle of any organization and are important for the agency to be able to use resources wisely, to analyze present and future needs and to sustain operations. This standard measures the capacity of the agency to manage the financial system for the organization.

Part A: Administrative Capacity and Governance

Provide Financial Management Systems

Standard A2 B: Establish effective financial management systems.

Measure	Required Documentation	Interpretation and Guidance		
A2.1 B: Comply with requirements for externally funded programs	<p>Examples of Documentation</p> <ul style="list-style-type: none"> Audited financial statements Program reports 	<p>An entity that funds an activity, whether public or private, will want to know that the money has been put to good use and that the agency is accountable for the ways that the money has been used.</p> <p>This measure looks at documentation to demonstrate that the agency is complying with any funding requirements that are associated with funding. There is no required documentation for this measure but examples are to be selected to show the agency's process to meet this. Audit reports showing how the money was spent may be shown. There are a variety of program and grant reports that may be used as evidence. Highlight or flag within the evidence the portions that show how the agency complied with requirements.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

		Since there is funding through a variety of sources – there should be multiple reports available. Compliance reports back to federal funders, reports to state legislatures, and reports to foundations, are types of program reports that will meet this standard.	For LHDs that act on behalf of the state, there may be a number of program reports, monitoring reports, or CAPs that show compliance with funding requirements. Contracts or agreements between State, Local and/or Tribal health departments to provide services may show the expectations for funding but may not show the compliance with requirements. If such contracts are used, they must be combined with follow-up reports that validate the compliance.	
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance		
Provide Financial Management Systems Standard A2 B: Establish effective financial management systems.		
Measure	Required Documentation	Interpretation and Guidance
A2.2 B: Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the	Required Documentation <ul style="list-style-type: none"> Two examples of current written contracts/MOUs, MOAs for processes, programs and/or interventions 	The public health system may not itself deliver all services and will use other entities to provide these. This could be services directed toward organizational and administrative functions or could be for services delivered to constituents of the department. Since the standard relates to financial management, the documentation for this measure should address financial management in the written agreements. Examples of entities can include individual or business contractors, community/faith based organizations, and academic institutions,

DRAFT – DRAFT – DRAFT – DRAFT

public health agency	See Domain 9 for program evaluation of delegated/contracted service providers	<p>The examples provided by the department should be two different types of written agreements with two different entities. The agreements must be current, having been executed in the past three years. The agreements used as documentation should still be in effect and reflect the financial elements in effect. A written agreement should not contain language from the past if has been updated by the parties involved.</p> <p>Processes, programs and/or interventions are a collective term to cover the full scope of work done in and by a health department.</p> <p>See Domain 9 for program evaluation of delegated/contracted service providers.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>	One of the written agreements used as documentation may be with a local or district health department.	One of the written agreements used as documentation may be with the State Health Department.	One of the written agreements used as documentation may be with a local or state health department.

Part A: Administrative Capacity and Governance		
Provide Financial Management Systems Standard A2 B: Establish effective financial management systems.		
Measure	Required Documentation	Interpretation and Guidance
A2.3 B: Maintain financial management systems	<ul style="list-style-type: none"> Annual agency budget approved by governing entity 	<p>This measure is looking at the ability of the agency to conduct the basic processes in finance. There are both required and other examples of documentation. There are a minimum of 3 pieces of documentation that together show basic financial management – an approved budget, financial reporting, and audit statements.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> Two examples of financial reports (at least quarterly) Audited financial statements <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> Documentation that audit has been reviewed by the governing entity and/or key agency staff Documentation that financial reports reviewed by the governing entity and/or key agency staff 	<p>The agency should present the approved budget that is in effect when the site visit occurs. Should the site visit occur at the beginning of a fiscal year before a budget has been finalized or adopted, the agency should use the most recent approved budget for documentation. Two examples of financial reports are to be presented and financial reporting is expected to be done on a quarterly basis, at a minimum. Types of reports can be expense reports, reimbursement reports, reports to governing entities, and monthly budget reports – summarized or itemized. Reports may demonstrate two different types of reporting or may be two successive reports of the same type. The final piece of documentation is the annual audit statement. This may be done specifically for the agency or the agency may be part of a larger report. If so, only the sections related to the agency must be submitted as documentation, but the agency should have a full copy available on site. Also, the audit statement may be in the form of an annual report. Since the listing of “audited financial statements” is plural, the agency should have 2 or more of the audit statements (from the past 5 years) available as evidence.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance

Provide Financial Management Systems

Standard A2 B: Establish effective financial management systems.

Measure	Required Documentation	Interpretation and Guidance
---------	------------------------	-----------------------------

DRAFT – DRAFT – DRAFT – DRAFT

<p>A2.4 B: Seek resources to support agency infrastructure and processes, programs and interventions</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Annual budget submission • Budget revisions • Additional funding requests • Grant applications and fundraising • Newspaper articles/letters to the editor on the need for improvement in public health (can be issues specific) • Public Health meeting discussing public health funding 	<p>Providing public health services requires resources. When new public health needs, hazards or responses are identified, new resources may have to be identified as well. This measure explores how the agency responds when resources are needed.</p> <p>This measure has no required documentation. From presentations to specific proposals, there are a variety of possibilities for the agency to show that it is seeking new resources for public health. Several examples are listed that the agency may select from to demonstrate the process for seeking new or increased resources. An annual budget submission, with new or increased program funding requests, can demonstrate the agency seeking resources. Likewise, a budget revision or additional funding requests can also show the agency asking for more resources. A grant application and fundraising activities will demonstrate the measure. Indirectly, newspaper articles or letters to the editor on the need for improvement in public health can show the agency raising the awareness of a need and promoting public support for new resources. Minutes or reports from various meetings where public health funding is the on the agenda may be used.</p> <p>All of these examples do not have to be used. They are guidance for the agency to use in selecting the best evidence available.</p>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>	<p>State</p>	<p>Local</p>	<p>Tribal</p>

DRAFT – DRAFT – DRAFT – DRAFT

Standard A3 B: Assure that specific authorities for public health roles and responsibilities are current and operationally defined.

A governmental public health agency is granted certain authorities – whether state or local, whether statute, administrative code, ordinance, rule or other – that will direct the work of the agency. Some authority is regulatory, some programmatic, some is granted to the agency. This standard assures that the agency is aware of its authority for the roles and responsibilities it oversees and that such authority is defined in the operations of the agency.

Part A: Administrative Capacity and Governance

Define Public Health Authority

Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.

Measure	Required Documentation	Interpretation and Guidance
A3.1B: Provide mandated public health operations and services	<ul style="list-style-type: none">• Applicable laws and regulations and/or statewide listing of mandated public health services• Description of operations that reflect authorities (e.g., service descriptions, annual reports, meeting minutes)	<p>Within the realm of services provided by the public health agency, some are required by law to be provided, directed or assured by the agency. This measure assesses that the agency is knowledgeable about those services that it must provide in some manner.</p> <p>There are two parts to the required documentation for this measure. The first section is the body of law – statutes, rules, regulations, ordinances, etc. – that defines the mandated services for public health. The agency should provide a listing of the applicable laws but does not need to submit the text from the laws for the SAT. The agency should have copies or access to the laws and regulations available to the site visit team. The agency can also provide the list of mandated services applicable to the agency. If this listing is used as documentation, the related legal citation should be stated with the service.</p> <p>The second piece of documentation is material that describes how the authority of the agency has been made operational. This can be from a variety of sources and shows how the agency implements the authority it has to conduct a process, program or intervention.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance

Define Public Health Authority

Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.

Measure	Required Documentation	Interpretation and Guidance
A3.2B: Demonstrate that the governing entity complies with regulations regarding governing entities	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Applicable laws and regulations • Governing entity operating rules • Self assessment of performance in compliance with applicable laws, regulations and operating rules 	<p>While there are regulatory aspects that the agency must direct or abide by, likewise there may be legal guidance for the governing entity as well. These regulations may define the governing entity, may establish and define duties or state authorities given to the entity. This measure is to assess the compliance of the governing entity with any regulations that apply to the group.</p> <p>There is no required evidence for this activity. The examples of documentation provided are to guide in the selection of materials that will demonstrate conformity. A listing of body of law – statutes, rules, regulations, ordinances, etc. – that applies to the governing entity may be selected. As with A3.1B, the agency should provide a listing of the applicable laws but does not need to submit the text from the laws for the SAT. The agency should have copies or access to the laws and regulations available to the site visit team. If the governing entity has adopted operating rules that define regulations that direct the group, those may be submitted. If the governing entity has conducted or participated in an assessment or a review of compliance with applicable law, the resulting report may be used as documentation.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>	In situations where the Governor is the “governing entity, examples should include compliance with Executive Branch guidelines, Executive Orders, etc.		

Part A: Administrative Capacity and Governance

Define Public Health Authority

Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.

Measure	Required Documentation	Interpretation and Guidance
A3.3 B: Demonstrate evaluation of the agency director by the governing entity	<ul style="list-style-type: none"> Position description and qualifications for agency director Current evaluation of the agency director <p>See Domain 8 for evaluation of agency staff</p>	<p>The director of any organization should be competent, instill trust in the staff, and provide leadership that inspires confidence in the agency. This can be achieved by having a qualified director. Part of the method to assess that is by having a comprehensive job description, a well-defined list of qualifications, and a thorough evaluation process.</p> <p>The documentation for this measure is required. The requirement in this measure is for the agency or health department director. The position description that is in effect must be submitted. It is best, though not required, that the position description be signed and dated by the director to acknowledge awareness of the contents. The description of the position must contain the qualifications of the person who is in the position. Documentation of the most current evaluation of the director must be provided. When there are restrictions to certain information, comments on the evaluation may be blacked out. However, the evaluation must be signed by the director and by the director’s superior or evaluator.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>This type of measure is a process outcome, showing the tracking of the process. This measure is tracking that a qualified person has been put into the position and that the person is being evaluated as policy defines. There is no need to see the specific qualifications that the director possesses. By virtue of being in the position, the assumption is that the person met the qualifications defined.</p> <p>See Domain 8 for evaluation of agency staff.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.

To be effective, members of the governing entity should be well informed about the agency, about public health issues and about the needs of the citizens served by the agency. There is a varied range of responsibilities for public health governing entities including advisory, statutory, personnel, property ownership, taxing authority, public health rule-making, policy making and budgetary. These responsibilities demand that the members who serve on the governing entity are well-versed in public health and in the work of the agency.

Part A: Administrative Capacity and Governance

DRAFT – DRAFT – DRAFT – DRAFT

Provide Orientation / Information for the Governing Entity				
Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.				
Measure	Required Documentation	Interpretation and Guidance		
A4.1 B: Provide orientation and regular information to the governing entity regarding the responsibilities of the public health agency	<p>Examples of Documentation</p> <ul style="list-style-type: none">• Sample of training packets• Attendance records for governance member orientation meeting• Governing entity minutes• Documentation of governing entity member attendance at related informational sessions	<p>The governing entity, to serve as an effective member, must be educated about the responsibilities of the health department. This training should include both orientation for new entity members and on-going education for all members. There should also be a regular flow of information to entity members so they may act in the best interest of the public’s health.</p> <p>There is no required documentation for this activity. The health department is to select documentation to demonstrate the process of orienting and informing the governing entity about the responsibilities of the health department. This may be a combination of web-based materials, training provided or developed by an outside organization, or may be a course of training developed by the health department. There should be related training materials to show what was used by the governing entity. It may also be demonstrated by meeting packets showing training materials, or other information presented to the members. The examples of documentation listed will help provide a base of material to show how the governing entity receives information about the health department. Examples can include meeting minutes showing where members were oriented, trained or presented with information, policies or protocols that define training for and information sharing with the members, communications to the members showing the distribution of information regarding responsibilities of the health department. Attendance rosters can be used to show that members participated in orientation, training or presentations. Examples of informational presentations could be program updates, reports on identified health hazards, health assessment findings, outbreak and response efforts, and annual statistical reports.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Part A: Administrative Capacity and Governance

Provide Orientation / Information for the Governing Entity

Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.

Measure	Required Documentation	Interpretation and Guidance
A4.2 B: Provide orientation and regular information to the governing entity regarding their responsibilities	<p>Examples of Documentation</p> <ul style="list-style-type: none"> Governing entity meeting minutes with actions Governing entity policies, memos, NALBOH news briefs or other documents Documentation of governing entity member attendance at related informational sessions Examples of governing entity 	<p>The governing entity, to be an effective advocate for public health and for the agency, must be educated on their responsibilities and duties. This orientation should include both orientation for new entity members and on-going education for all members. While measure A4.1B provides for the governing entity to receive training on the responsibilities of the agency they oversee, this measure ensures that the members are trained in their own responsibilities as governing entity members.</p> <p>There is no required documentation for this activity. The agency is to select documentation to demonstrate the process of orienting the governing entity. This may be a combination of web-based materials, training provided or developed by an outside organization, or may be a course of training developed by the agency. The examples of documentation listed will help provide a base of material to show how the governing entity receives information. Examples can include meeting minutes showing where members were oriented, trained or presented with information, policies that define training for the members, communications to the members showing the distribution of information regarding responsibilities and training on any statutory requirements of members. Attendance rosters can be used to show that members participated in the training. Examples can also be provided to show the members engaged in the implementation of their responsibilities, such as rule-making, addressing public health hazards, serving as an advocate for public health and as an agency liaison for constituents.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	action on responsibilities, including championship of community and political support for public health			
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Guide to Standards & Measures Interpretation Part B

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Reliable data is a building block of public health. Public health departments use a variety of data in developing programs and services, in determining resource needs, and to identify health hazards. Health departments, as a part of mining the vast amount of information and statistics available, will need to have a functioning system for collecting data within their jurisdiction and for the management and use of the data.

Except for measures 1.1.4 (L)(S) and 1.3.3 S, all documentation listed for this domain is required.

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Measure	Required Documentation	Interpretation and Guidance
1.1.1 B: Demonstrate that a surveillance system is in place for receiving reports 24/7 and for identifying health problems, threats,	<ul style="list-style-type: none">Processes and protocols to maintain the comprehensive collection, review, and analysis of data from multiple sources,	Surveillance is one method whereby the agency collects data from the jurisdiction. Surveillance could be active contacts by the agency to collect information, could be reports forwarded to the agency, or could be reports from a defined network. Reports can be oral, written or electronic. This measure is to assure that the agency has a system in place to receive surveillance reports. The system must be able to receive reports at any time. Reports can be for anything and received by anybody – the agency defines how the system is set up. Surveillance is not only for reportable conditions, but to receive a report for any situation that may define a problem, threat or hazard.

DRAFT – DRAFT – DRAFT – DRAFT

<p>and environmental hazards</p>	<ul style="list-style-type: none"> Processes and protocols to assure data are maintained in a secure and confidential manner Current 24/7 contact information, in the form of a designated telephone line or a designated contact person (which may be provided in rural areas via regional or state agreements) Reports of testing 24/7 contact systems, such as, internet, fax, page phone line, etc. <p>See Domain 2 for investigation and response activities</p>	<p>There are four components to the required documentation for this measure: define the system, confidentiality, contact information and testing the system. The agency must submit the processes and/or protocols that define the system, including the ability “to maintain the comprehensive collection, review, and analysis of data from multiple sources”. This describes the manner whereby the agenda is able to collect the surveillance from a variety of ways including fax, web reports, and phone calls to the agency or to another site such as emergency management or a 9-1-1 call center. The processes and/or protocols also must include how the agency will assure that the data collected will be maintained and handled in a secure and confidential manner. If there are certain reports or information that cannot be kept confidential, then the specifics of what is or is not confidential information must be defined.</p> <p>Current contact information must be provided. This may be a designated telephone line – voice or fax – or may be an electronic means of contact such as an email address or ability to submit a report on the agency’s website. Other contact information may be a designated contact person for the agency or a list of contacts. The list may be a call-down list that is used if the primary call is received off-site or by another organization. Reports may be received by a contractor or by a call center. If there is an agreement of some type to provide such services, the contract or agreement should be submitted as part of the documentation.</p> <p>The final component of the documentation is a testing of the contact system. This should be defined in the processes and/or protocols for the system. The agency determines how the system is tested and the frequency of such testing. The testing process can include receipt of a sample report by the various elements of the system. For example, if the system is set up to receive reports by internet, fax, email and a designated phone line, then all elements should be tested to assure the ability to receive reports.</p> <p>See Domain 2 for investigation and response activities.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> State Local Tribal </div>
----------------------------------	--	--

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Measure	Required Documentation	Interpretation and Guidance
1.1.2 B: Communicate with surveillance sites on at least an annual basis	<ul style="list-style-type: none"> List of providers and public health system partners who are surveillance sites reporting to the surveillance system Documentation of trainings/meetings held with surveillance sites regarding reporting requirements, reportable diseases/conditions, and timeframes 	<p>This measure builds on 1.1.1B and demonstrates that the agency is in contact with sites who report on the surveillance system defined in 1.1.1B. At a minimum, the contact with surveillance sites must be annually. Contact can be through person-to-person, electronic or written, webinars or meetings.</p> <p>The required documentation has four components. A list of the providers and public health system partners who act as surveillance sites and are reporting to the surveillance system must be submitted as documentation. The trainings or meetings held with surveillance site members regarding reporting requirements, reportable diseases/conditions, and timeframes must be submitted. Reports of surveillance data must be submitted with data itemized by reporting site. Finally the distribution of surveillance data must be documented. This may be through a variety of methods including emails, phone calls, newsletters, presentations, meetings, etc.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> • Reports of surveillance data by reporting site • Documentation of distribution of surveillance data (such as emails, phone calls, newsletters, etc.) 	State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Measure	Required Documentation	Interpretation and Guidance
1.1.3 B: Collect additional primary and secondary data on population health status	<ul style="list-style-type: none"> • Two examples of aggregated primary and secondary data collected and sources of each • Two examples of standardized data collection instruments 	<p>In addition to the surveillance sites of the first two measures in this domain, the agency is also to collect data from other sources. This measure has three elements to be assessed: to demonstrate that the agency collects both primary and secondary data, that the data is from multiple sources and that the data have a relationship to population health.</p> <p>There 4 pieces of required documentation. Two reports of data and the sources used for each. The reports should be an aggregate of both primary and secondary data. One example is the agency's health assessment. Also two samples of collection instruments, which must be standardized. This means it may be a nationally or state-wide recognized survey or collection tool. It may also be standardized from the standpoint that the same tool was used with all respondents, such as a local survey developed and distributed to 1000 potential respondents. The department can use a data collection tool that it has developed, as long as it is consistently</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>used throughout the agency and across programs. Tools developed and only used by an individual program or project cannot be submitted as documentation. The agency can submit the tools used for the required documentation listed under the first bullet for this measure or it can be a separate example showcasing 4 different data sets.</p> <p>The scope of public health data assessment is broad and includes collection of information by local and state agencies or partners for the purpose of analysis and use in health data profiles. Data sources can be from communicable disease (with sources including food, water, air, waste & vector-borne), injuries, chronic disease, disability and morbidity, and mortality. Primary data includes communicable disease and public health environmental hazard reports (such as those collected in 1.1.1 B), as well as community surveys, registries and other methods for tracking chronic disease and injuries, census data, vital records. Secondary data includes other state health agency data, hospital discharge data and data collected by other agencies – local, state or national (e.g. EPA).</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
1.1.4 S Provide reports of primary and secondary data to LHDs	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports to LHDs may include aggregated information from entries in registries, web-based communicable disease reporting system, faxed paper reports, e-mail confirmation of receipt of reports <p>See Domain 3 and 4 regarding provision of data/analysis to stakeholders</p>	<p>This is the state equivalent of 1.1.4L.</p> <p>Some data used by a local agency will be generated by the state. This measure is to show a path of communication between the state health agency and the local agency, demonstrating how the state agency provides data to local agencies.</p> <p>See Domain 3 and 4 regarding provision of data/analysis to stakeholders.</p>		
		<p style="text-align: center;">State</p> <p>There is no required documentation for this measure. The state agency is to submit reports that have been distributed to the local agencies and is to include both primary and secondary data. Data can be aggregate for the state as a whole, for a local agency itself or for a region of the state. Examples can include data collected at the local level and submitted to the state. This may include registries, which may be electronic or hard copy and can include vital records reports, cancer registries and immunization registries; a web-based communicable disease reporting system, and email or</p>	<p style="text-align: center;">Local</p>	<p style="text-align: center;">Tribal</p>
<p>Type of Measure <i>Process Outcome</i></p>	<p>Type of Review <i>Health Department Level</i></p>			

DRAFT – DRAFT – DRAFT – DRAFT

		faxed reports. Documentation can also include correspondence that confirms state-level receipt of reports.		
--	--	--	--	--

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Measure	Required Documentation	Interpretation and Guidance		
1.1.4 L Provide reports of primary and secondary data to SHA	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports to SHA may include entries in registries, web-based communicable disease reporting system, faxed paper reports, e-mail confirmation of receipt of reports 	<p>This is the local equivalent of 1.1.4S.</p> <p>This measure is to show a path of communication between the local agency and the state health agency. Some data used by a local agency will be generated by the state, while other data is required to be reported to the state from local agencies. The intent of this measure is to show how the local agency is collecting data and is reporting back to the state agency as is required or as appropriate.</p> <p>See Domain 3 and 4 regarding provision of data/analysis to stakeholders</p>	State	Local
				Tribal

DRAFT – DRAFT – DRAFT – DRAFT

			There is no required documentation for this measure. The local agency is to submit reports that have been shared with the state agency and include both primary and secondary data. Examples can include registries, which may be electronic or hard copy and can include vital records reports, cancer registries and immunization registries; a web-based communicable disease reporting system, and email or faxed reports. Documentation can also include correspondence that confirms state-level receipt of reports.	See Local column.
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.

An agency can collect all the data available, but that data is worthless until it is analyzed and the results used in the work and services provided. As this standard states, the purpose of analyzing data is to identify – both current and potential – health problems, hazards, risks and needs of the citizens served. This standard builds on Standard 1.1B, after collection and management of data, analysis takes place.

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues

DRAFT – DRAFT – DRAFT – DRAFT

facing the community		
Analyze Public Health Data Standard 1.2 B: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic risks that affect the public's health.		
Measure	Required Documentation	Interpretation and Guidance
1.2.1 B: Analyze and draw conclusions from data to identify trends over time, clusters, health problems, behavioral risk factors, environmental health hazards, and social and economic conditions that affect the public's health	<ul style="list-style-type: none"> Two examples of reports containing analysis of data collected and conclusions from review of the data (such as epidemiologic reports, cluster identification or investigation reports, outbreak investigations, environmental public health hazards, population health status or key health indicator reports, community surveys, outbreak after action reports, Community Health Status Indicators [CHSI] reports, with the following characteristics: <ul style="list-style-type: none"> Reports are 	<p>This measure is asking the agency to analyze data and from that analysis to reach conclusions about the information that can be gathered from the data. The analysis could identify many indicators as stated in the measure. The analysis should show how the indicator affects the jurisdiction served by the agency.</p> <p>The documentation for this measure is required and consists of two parts – reports showing the analysis and evidence that the data was reviewed or discussed. Two examples of reports containing analysis and conclusions drawn from the data must be submitted. Note that the documentation is not asking for reports of data used in the analysis but is asking for the agency to analyze and make conclusions itself. The reports produced could include an epidemiologic report, cluster identification or investigation report from a particular event or specified disease condition, investigations as a result of a communicable disease outbreak, environmental public health hazards identified through a survey or analysis of data, population health status or key health indicator reports, community surveys, outbreak after action reports, Community Health Status Indicators [CHSI] reports. Examples could include an after action report for an H1N1 outbreak, an investigation report for a foodborne disease outbreak involving a local restaurant, environmental hazard trends with arsenic in well water, or a trends report of all reported communicable diseases over the past five years. There are many possibilities to choose from with the intent of the measure being to show how the agency uses data to identify trends and health problems, hazards and risk factors. The reports may also point out conditions in society which have an impact on the health of the citizens served, such as unemployment, lack of accessible facilities for physical activity or poverty.</p> <p>The reports are to be within defined timelines based on policy guidelines and/or evidence-based practice. This means that the data in the report is applicable to a specific time period, such as fiscal year 08-09, calendar year 2008, years 2003-2007, etc. The type of analytic process used should be stated in policy or protocol and/or be evidence-based with the citation available. The intent is not to just have a collection of data but to have conclusions based on solid analysis.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>within defined timelines based on policy guidelines and/or evidence-based practice</p> <ul style="list-style-type: none"> ○ Reports compare data to other agencies and/or the state or nation and/or provide trend data ● Minutes or documentation of meetings (e.g., internal/external, or leadership/community) to review and discuss selected data reports 	<p>The reports are to compare data for the agency to other agencies and/or the state or nation and/or provide trend data. This means that analysis and conclusions have some quality of comparability. The data may be analyzed against a like data set. This may be in comparison to another local agency, a region, a group of local agencies, the state, the nation, etc. Or the conclusions may be for the agency based on trends within the jurisdiction served. For example, conclusions based on rates of sexually transmitted diseases over the past 5 years or childhood immunization rates over the past 8 quarters.</p> <p>Minutes or documentation of meetings must also be submitted to show the presentation, review and discussion of data reports. The meetings may be internal, with governing entities, community groups or to elected bodies.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome (may include Health Outcomes)</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Analyze Public Health Data

Standard 1.2 B: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic risks that affect the public's health.

Measure	Required Documentation	Interpretation and Guidance
---------	------------------------	-----------------------------

DRAFT – DRAFT – DRAFT – DRAFT

<p>1.2.2 L: At least annually, provide public health data to the community in the form of reports on a variety of public health issues</p>	<ul style="list-style-type: none"> Two examples of analytic reports designed to meet community needs, with specific audiences identified with proof of distribution 	<p>This measure is the state equivalent of 1.2.2S. It is similar except the data must reflect a community level focus and the reports must be designed to meet community needs instead of a focus on statewide data.</p> <p>There are two components to the documentation requirements for this measure. One is the collection or compilation of analytical reports of public health data. The second component is the distribution of the report to specific audiences. The reports are to include data on health behaviors, diseases, etc. The distribution is targeted to a variety of audiences including public health and health care providers, governing entity, key stakeholders, and the public. The distribution examples should use a range of methods such as mailing list, email list serve, presentations, web posting, meeting minutes, press releases, etc.</p> <p>See 1.1.3 B regarding scope of the data.</p> <p>The report itself does not have to be distributed but the contents must be. Thus while distribution of a hard copy of the report meets the requirement of the measure, so would a presentation where the content of the report is orally presented to the audience.</p> <p>The agency does not have to produce the report itself but can use reports produced by the state, by an academic institution or other organization. However if used, such reports should have a connection to the jurisdiction and the citizens served by the agency.</p>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>	<p style="text-align: center;">State</p>		
		<p style="text-align: center;">Local</p>		<p style="text-align: center;">Tribal</p>

DRAFT – DRAFT – DRAFT – DRAFT

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Analyze Public Health Data

Standard 1.2 B: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic risks that affect the public's health.

Measure	Required Documentation	Interpretation and Guidance		
<p>1.2.2 S: At least annually, provide statewide public health data to various audiences in the form of reports on a variety of public health issues</p>	<ul style="list-style-type: none"> Two examples of analytic reports designed to meet the needs of specific audiences with proof of distribution 	<p>This measure is the state equivalent of 1.2.2 L. It is similar except the data, though it may contain county or community level information, must reflect a statewide focus.</p>		
		<p>There are two components to the documentation requirements for this measure. One is the collection or compilation of analytical reports of public health data. The second component is the distribution of the reports to specific audiences. The reports are to include data on health behaviors, diseases, etc. The distribution is targeted to a variety of audiences including public health and health care providers, governing entity, key stakeholders, and the public. The distribution examples should use a range of methods such as mailing list, email list serve, presentations, web posting, meeting minutes, press releases, etc.</p>		
		<p>See 1.1.3 B regarding scope of the data.</p>		
		<p>The report itself does not have to be distributed but the contents must be. Thus, while distribution of a hard copy of the report meets the requirement of the measure, so would a presentation where the content of the report is orally presented to the audience.</p>		
		<p>The state agency does not have to produce the report itself but can use reports produced by an academic institution or other organization. However if used, such reports should have a state-wide focus.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

This standard builds on the previous two in this domain. After collecting and analyzing data, the results of the analysis must be used to inform the work of the agency.

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Use Data for Public Health Action

Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

Measure	Required Documentation	Interpretation and Guidance
1.3.1 B Use data to recommend and inform public health policy, processes, programs and/or interventions	<ul style="list-style-type: none"> Two examples that demonstrate use of data to inform public health policy, processes, programs and/or interventions 	<p>The required documentation for this measure asks for two examples that show how the agency used data to inform the work of the agency. This can be shown by a revision or expansion of an existing policy, process, program or intervention. Or it could be shown through a new policy, process, program or intervention that is created in response to the data. It could also be shown through a request to the governing entity or elected officials for needed services of some type.</p> <p>The examples could include a report or white paper, a presentation, minutes of a meeting, changes to the agency web site, documented program improvements, a revised or new policy and procedure.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>The data used to inform the policy, process, program or intervention should also be included. Note that the data alone will not serve as evidence for this measure. The agency must demonstrate the use of the data. The examples used for this measure should show the use of two different types of data.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Use Data for Public Health Action

Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

Measure	Required Documentation	Interpretation and Guidance
1.3.2 S Develop and distribute statewide health data profiles to support health improvement planning processes at the state level	<ul style="list-style-type: none"> Completed state health data profiles at least every five years Documented distribution to public health system 	<p>This measure is similar to 1.2.2S in that the state agency is distributing data to various audiences. However, while 1.2.2S focused on a variety of reports for a particular set of data or topic area, this measure focuses on a global look at data for the state AND also as a support to the development of state health improvement planning. Another difference between the two measures is the distribution timeline. While the reports in 1.2.2S must be distributed annually, this measure requires distribution at least every five years.</p> <p>There are two components to the documentation requirements for this measure. One is the</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>partners, community groups and key stakeholders such as governing entities or community advisory groups</p> <p>See Domain 4 for planning processes and Domain 5 for plans using the data</p>	<p>completion of a health profile. The second component is the distribution of the profile.</p> <p>A statewide health data profile is a summary of the state’s health status drawn from the total data available regarding the population served. While a full state health assessment or a complete data profile for a state would probably number in the hundreds of pages, the state health data profile should be concise for the purpose of distribution. This profile is used to inform stakeholders and partners about the health of the state and to advocate for the health of the state and for the needs identified in the profile. Note that “profiles” in the measure and documentation is plural. Thus the structure of the profiles may be that of many fact sheets with each dedicated to a single topic or may be a single document comprised of several profiles of data.</p> <p>The state health data profile must be completed at least once every five years. A suggested timetable is to complete a profile along with the state health assessment or state health improvement plan. The profile can be updated more frequently as desired. Health profiles should include a broad array of assessment indicators, supported by primary and secondary data, such as those described in MAPP, CHSI, PACE EH or other assessment frameworks.</p> <p>Once the profile is developed, it must be distributed to the appropriate audiences. This may include partners that work with the agency to carry out services, stakeholders such as local agencies, tribal agencies, governing entities and elected officials, community based organizations, civic groups and any others who receive services, help in the delivery of services or support public health services. As with 1.2.2L, this may be through a mailing list, email list serve, posting on the web site, press releases, meeting minutes documenting distribution of the profile, presentations and inserts or flyers.</p> <p>See Domain 4 for planning processes and Domain 5 for plans using the data</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			
--	---	--	--	--

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Use Data for Public Health Action

Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

Measure	Required Documentation	Interpretation and Guidance
1.3.2 L Develop and distribute community health data profiles to support public health improvement planning processes at the local level	<ul style="list-style-type: none"> Completed local health data profiles at least every five years Documented distribution to public health system partners, community groups and key stakeholders such as governing entities or community advisory groups, via email and websites, etc. <p>See Domain 4 for planning processes and Domain 5 for plans using the data</p>	<p>Note: Health profiles should include a broad array of assessment indicators, supported by primary and secondary data, such as those described in MAPP, CHSI, PACE EH or other assessment frameworks.</p> <p>This measure is similar to 1.2.2L in that the agency is distributing data to the community. However while 1.2.2L focused on reports of a particular set of data or topic area, this measure focuses on a global look at data for the community. Another difference between the two measures is the distribution timeline. While the reports in 1.2.2L must be distributed annually, this measure requires distribution at least every five years.</p> <p>There are two components to the documentation requirements for this measure. One is the completion of a health profile. The second component is the distribution of the profile.</p> <p>A community health data profile is a summary of the community's health status drawn from the total data available regarding the jurisdiction served by the agency. While a full community health assessment or a complete data profile will be dozens of pages, the community health data profile should be concise for distribution. This profile is used to inform stakeholders and partners about the health of the community and to advocate for the health of the community and for the needs identified in the profile. Note that "profiles" in the measure and documentation is plural. Thus the structure of the profiles may be that of many fact sheets with each dedicated to a single topic or may be a single document comprised of several profiles of data.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>A community health data profile must be completed at least once every five years. A suggested timetable is to complete a profile along with the community health assessment or community health improvement plan. The profile can be updated more frequently as desired. Health profiles should include a broad array of assessment indicators, supported by primary and secondary data, such as those described in MAPP, CHSI, PACE EH or other assessment frameworks.</p> <p>Once the profile is developed, it must be distributed to the appropriate audiences. This may include partners that work with the agency to carry out services, stakeholders such as governing entities and elected officials, community based organizations, civic groups and any others who receive services, help in the delivery of services or support public health services. As with 1.2.2L, this may through a mailing list, email list serve, posting on the web site, press releases, meeting minutes documenting distribution of the profile, presentations and inserts or flyers.</p> <p>See Domain 4 for planning processes and Domain 5 for plans using the data</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Use Data for Public Health Action

Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
1.3.3 S Provide support to LHDs in the development of community health data profiles	<p>Examples of Documentation</p> <ul style="list-style-type: none"> Assessment tools and guidance Completed community health data profiles 	<p>As a support for local agencies in 1.3.2 L, this measure requires the state to provide support to local agencies as they develop their community health data. This may be supporting the agency in collecting primary data or in the provision of secondary data needed.</p> <p>There are two examples of documentation for this measure. The state may provide samples of assessment tools to the local agency. The state may also offer guidance – by phone, electronically, or in person – to help with local profile development. Another example is for the state to provide sample completed profiles from other local agencies as possible templates for the local agency to develop their own profile.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

The capacity to investigate health problems and hazards is a primary competence that all health departments should have. The ability to conduct timely investigations is key to identifying the source of the problem, identifying those affected and stopping the spread of disease. When public health hazards are investigated, future problems can be caught and rectified thus preventing possible disease outbreaks.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Measure	Required Documentation	Interpretation and Guidance
2.1.1 B: Maintain protocols for investigation process	<ul style="list-style-type: none">• Current written protocols that include:<ul style="list-style-type: none">○ Assignment of responsibilities for investigations of health problems and environmental public health hazards○ Identifying	<p>This measure requires the department to have protocols for the investigation process related to health problems and environmental public health hazards.</p> <p>The required documentation is to provide a set of current written protocols that include two specified elements. The protocol must delineate the assignment of responsibilities for investigations of health problems and environmental public health hazards. The assignment may be to a specified position or positions, such as all environmental health sanitarians, in the department or may be assigned to a named individual. The protocols must also contain information about the health problems or hazards that will be investigated, any case investigation steps and timelines related to those problems or hazards, and any specified reporting requirements.</p> <p>The protocols may be in separate documents, may be contained in a manual format, or may be in a single compiled document.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	information about the health problem or hazard, case investigation steps and timelines, and reporting requirements			
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Measure	Examples of Documentation	Interpretation and Guidance
2.1.2 S: Demonstrate expertise and capacity to conduct and/or support multiple investigations simultaneously	<ul style="list-style-type: none"> • Documented statement of qualifications for staff conducting investigations • Documentation of capacity to conduct multiple investigations • Documentation of on-the-job training related to 	<p>At times a health problem or hazard requiring an investigation may be contained within the jurisdiction of a single local health department. Other times, the investigation may include multiple local departments. Usually, the state health department will be called upon to assist local departments during an investigation. Whether dealing with one or multiple problems, the state must demonstrate its ability to either conduct or help support multiple investigations that may occur at the same time.</p> <p>For this measure, investigations on health problems and environmental public health hazards focus on infectious or communicable disease issues and outbreaks.</p> <p>There is no required documentation for this measure. The department is to select documentation that best demonstrates conformity. The examples given in this measure are also the same for the equivalent local measure – 2.1.2 L with the addition of documented capacity to conduct multiple investigations.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>investigations.</p> <ul style="list-style-type: none"> • Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols • Completed AARs (see 2.2.3 B) 	<p>The examples that may be used for documentation include providing a statement of qualifications for staff conducting investigations. The statement should include the credentials and training of the staff. Another type of documentation is that which would show capacity to conduct multiple investigations. This could be shown through response plans, internal planning, staff capacity and expertise available for investigations, and resources available to the state. The state can include contractors and/or relationships with local departments to show the capacity to conduct multiple investigations. The state department does not have to do all the work of the investigation, but must have the capacity to respond when needed.</p> <p>Another document may be records of on-the-job training related to investigations. This would be a statement, report or minutes showing staff involvement in prior investigations. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports as compared to written protocols can be submitted. Note that the documentation should reference the department's capacity to respond. Finally, completed AARs can be submitted to demonstrate this measure. Measure 2.2.3 B requires a completed AAR for documentation with specified elements required. The focus for this measure is on the capacity of the department to conduct multiple investigations. The AAR should address this aspect if it is to be used as documentation for this measure.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

DRAFT – DRAFT – DRAFT – DRAFT

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.		
Measure	Examples of Documentation	Interpretation and Guidance
2.1.2 L: Demonstrate expertise and capacity to conduct an investigation	<ul style="list-style-type: none"> • Documented statement of qualifications for staff conducting investigations • Documentation of on-the-job training related to investigations. • Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols • Completed AARs (see 2.2.3 B) 	<p>Measure 2.1.2 S assessed the state health department’s ability to either conduct or help support multiple investigations that may occur at the same time. This measure assesses the local department’s ability to conduct a single investigation. While a health problem or hazard requiring an investigation may be contained within the jurisdiction of a single local health department, it may include a response from multiple local departments. Usually, the state health department will at least be notified of an investigation, and may be called upon to assist local departments. While a local department may have the capacity and expertise to respond to multiple investigations, and that may be used as documentation, the measure only requires documentation related to a single investigation.</p> <p>For this measure, investigations on health problems and environmental public health hazards focus on infectious or communicable disease issues and outbreaks.</p> <p>There is no required documentation for this measure. The department is to select documentation that best demonstrates conformity. The examples given in this measure are also the same for the equivalent state measure – 2.1.2 S with the deletion of documented capacity to conduct multiple investigations. The local health department can include contractors and/or relationships with the state health department or other local departments to show the capacity to conduct an investigation. The local department does not have to be do all the work of the investigation, but must have the capacity to respond to an investigation when needed.</p> <p>The examples that may be used for documentation include providing a statement of qualifications for staff conducting investigations. The statement should include the credentials and training of the staff. Another document may be records of on-the-job training related to investigations. This would be a statement, report or minutes showing staff involvement in prior investigations. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports as compared to written protocols can be submitted. Note that the documentation should reference the department’s capacity to respond. Finally, completed AARs can be submitted to demonstrate this measure. Measure 2.2.3 B requires a completed AAR for documentation with specified elements required. The focus for this measure is on the capacity of the department to conduct multiple investigations. The AAR should address this aspect if it is to be used as documentation for this measure.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Measure	Required Documentation	Interpretation and Guidance
2.1.3 B: Demonstrate expertise and capacity to conduct investigations of non-infectious health problems and hazards	<ul style="list-style-type: none"> Documented statement of qualifications for staff conducting investigations, OR Documentation of on-the-job training related to investigations. OR An example of a partnership established through contracts/MOA/MOU/agreement with other governmental agency or key stakeholder that plays a role in investigations 	<p>While 2.1.2 focused on infectious problems and hazards, this measure has a focus on non-infectious problems and hazards. This includes morbidity and mortality associated with emergent and non-emergent non-infectious health problems (e.g. non-communicable health problems, drowning, injuries and environmental public health hazards) including risk factors and root causes. This measure requires the health department to show that it has the ability – through both expertise and capacity – to conduct investigations that focus on health problems and hazards of a non-infectious nature. Hazards in this measure still have a connection to environmental health as noted in the standard. Example of a non-infectious health problem would be an increase in diagnosed diabetes cases or a higher than normal rate of a cancer type. An example of an environmental health hazard could be arsenic or lead in drinking water, as opposed to an infectious environmental health hazard such as a restaurant foodborne outbreak.</p> <p>Measures 2.1.2 and 2.1.3 are related and the same types of documentation could be used for both measures while providing examples to demonstrate both infectious and non-</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> An example of a completed investigation of a non-infectious health problem or hazard 	<p>infectious investigations.</p> <p>The documentation for this measure is required and consists of 2 parts. The first is a choice between three possible documents and is to show that the department has the ability to conduct an investigation, either with department staff or contractors/partners. Provide either a statement of qualifications for staff conducting investigations, or show the on-the-job training for staff who conduct investigations, or a contracts/MOA/MOU/agreement showing how a partner assist the department with conducting investigations. The department only needs to submit one of these documents, though it is acceptable to present more than one if desired.</p> <p>The other required document is to submit an example of a completed investigation of a non-infectious health problem or hazard. There is no specified format for the contents. A report of the investigation, executive summary, presentation or investigation records including logs and notes could be submitted.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Measure	Required Documentation	Interpretation and Guidance
		While the documentation for this measure was an option in 2.1.3 B to help demonstrate

DRAFT – DRAFT – DRAFT – DRAFT

<p>2.1.4 B: Establish partnerships and work collaboratively with governmental and community partners on reportable/disease outbreak or environmental public health investigations</p>	<ul style="list-style-type: none"> Two examples of partners/partnerships established through contracts/MOAs/MOUs/ agreements with other governmental agencies and key stakeholders that play a role in investigation or have direct jurisdiction over investigation. Two examples of working with partners to conduct investigations 	<p>conformity to the measure, here it is a requirement for departments. As a part of conducting investigations, the department should coordinate as needed with other agencies and partners – both governmental and community. This measure requires that the department establish partnerships and work collaboratively on investigations. These are specified as either investigations on reportable/disease outbreak situations or investigations on environmental public health issues.</p> <p>The required documentation consists of 2 parts, each asking for 2 examples. The first is similar to a document option from 2.1.3 B. The department is to submit examples showing the establishment of partnerships through a contract, MOA/MOU or agreement. These partnerships are with other governmental agencies and key stakeholders and the agreement must state or show that the partner plays a role in investigation. The agreement may state that the partner may have a direct jurisdiction over a specified type of investigation.</p> <p>The other component of the documentation is examples of working with partners to conduct investigations. The examples should be from two different investigations. This can be demonstrated through investigation reports and records, AARs, meeting minutes, presentations, and news articles.</p>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>	<p style="text-align: center;">State</p>	<p style="text-align: center;">Local</p>	<p style="text-align: center;">Tribal</p>

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
2.1.5 B: Monitor timely reporting of notifiable diseases, lab test results, and investigation results	<ul style="list-style-type: none"> Current tracking log of reporting, lab tests and/or investigations with actual timelines noted, OR Current report or audit of reporting, lab tests and/or investigations Copy of applicable laws 	<p>A component of conducting timely investigations is the reporting of notifiable diseases, lab and investigation results as is appropriate and required by law. When this reporting is timely, all partners can work together to stop the spread of disease and treat cases.</p> <p>This measure has two required pieces of documentation. The first is documentation on reporting, including lab test results and investigation results. The department has a choice between a log or a report. The log would be used to track various elements of an investigation. Note that if a log is submitted, it must have timelines included. The other option is to submit an investigation report or audit.</p> <p>The department must also submit a copy of applicable laws relating to reporting of notifiable diseases. This can be a hard copy or providing the link to where the department accesses the copy if an electronic version is used. This can include posting on a website or a department intranet, or a link to another website.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>	For state departments, this would include laws for locals reporting to state as well as states reporting to CDC.		

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Examples of Documentation	Interpretation and Guidance		
2.1.6 S: Provide epidemiological, lab and environmental public health consultation, technical assistance, and information to LHDs regarding disease/ outbreak and public health hazard management	<ul style="list-style-type: none"> Documentation of requests and what was provided Documentation of communications, meetings, trainings; emails 	<p>This state level measure requires the state health department to make epidemiological, lab and environmental public health assistance available to LHDs during investigations. This assistance can include onsite, phone consultation, conference calls, webinars, presentations, training sessions, written guidelines, and investigation protocols and manuals. The measure includes identifying, analyzing and responding to infectious disease outbreaks and environmental public health hazards. Assistance can be both from a regional level and the state level.</p> <p>There is no required documentation for this measure. There are two examples of possible documentation that could be used. The first example is to provide specific documentation of requests the state has received and showing what consultation or information was provided in response.</p> <p>The example is of general documentation to demonstrate how the state has provided assistance to local departments. This may be at the request of locals or can be initiated by the state. This can include communications that have gone to one or more local departments, meetings at the state or local level, and training sessions and presentations. It can also include email communication – both to individuals and to listserves.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

This standard is a companion to Standard 2.1 B. That standard had measures related to investigation of problems and hazards. This

DRAFT – DRAFT – DRAFT – DRAFT

standard requires departments to be able to contain or mitigate health problems and hazards.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

Measure	Required Documentation	Interpretation and Guidance		
2.2.1 B: Maintain protocols for containment/mitigation, including disease-specific procedures for outbreaks and conducting follow-up documentation and reporting	<ul style="list-style-type: none"> Current written protocols for mitigation, contact and clinical management, providing prophylaxis, use of emergency biologics, and the process for exercising legal authority for disease control 	<p>This measure requires the department to have agency protocols for containment/mitigation of health problems and hazards. This will include disease-specific procedures for follow-up and reporting during outbreaks. To “maintain” means that the department keeps the protocols up-to-date. The protocols may be written by the department or obtained by an outside contractor.</p> <p>The required documentation for this measure is to provide the current written protocols used by the agency. The protocols should address the listed elements - mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, and the process for exercising legal authority for disease control. These protocols may be in a single document or be comprised of many separate documents.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>		Local health departments do not have to generate their own protocols. The protocols followed by local health departments may be state-wide protocols provided by the state agency.	

DRAFT – DRAFT – DRAFT – DRAFT

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

Measure	Required Documentation	Interpretation and Guidance		
2.2.2 B: Demonstrate that protocols include decision criteria for determining when a public health event triggers the All Hazards Plan or the public health emergency response plan.	<ul style="list-style-type: none"> • Infectious disease outbreak protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan • Environmental public health protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan • Cluster evaluation protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan 	<p>This measure adds another component to the required protocols from 2.2.1 B. Here the health department is to show that the containment/mitigation protocols include the criteria for when a particular public health event will trigger use of the department's all hazards or emergency response plan. This would be inclusive of all public health events and would include outbreaks, clusters and environmental public health hazards.</p> <p>There are three parts to the required documentation. The department is to submit its infectious disease outbreak protocols. Though these may be the same protocols from 2.2.1 B, the description of initiation triggers for use of the all hazards or emergency response plan should be highlighted.</p> <ul style="list-style-type: none"> • Environmental public health protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan • Cluster evaluation protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan <p>Standard 5.4 B requires departments to maintain an all hazards or emergency response plan. The documentation required for this measure may be located within the all hazards or emergency response plan or may be separate documents.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			
--	---	--	--	--

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

Measure	Required Documentation	Interpretation and Guidance
2.2.3 B: Complete an After Action Report (AAR) following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people	<ul style="list-style-type: none"> • Thresholds used to determine when events rise to significance and AAR review • List of significant events that occurred, including outbreaks, environmental public health risks, etc. • Completed After Action Reports for two events which document what worked well, identify issues and recommend changes in investigation/respons 	<p>When some event that threatens health has occurred, the department is to complete a report detailing event happenings, actions taken, and evaluation of the response. The measure specifies that an AAR is to be completed when a communicable disease outbreak occurs, when an environmental public health risk has been identified, when a natural disaster occurs, and any other event comes about to threaten the public's health. While AARs have been used for drills and exercises as part of All Hazards Plans (see 5.4.3 B), the intent in this measure is to apply the AAR methodology to actual events that significantly threaten the health of people.</p> <p>The required documentation consists of three parts. The first element is to determine the thresholds the department will use to classify an event as a significant threat to the public's health and therefore needing an AAR to be completed. The threshold will be self-determined as not every event will be a significant threat. For example, a foodborne outbreak may have 10 positive cases before being designated as significant and needing an AAR. The thresholds should cover the specified events listed in the measure – communicable disease, environmental, natural disasters, and other threats. The second element is a list of significant events that have occurred, including outbreaks, environmental public health risks, etc., in the last 5 years. This would be events that meet the thresholds established in the previous bullet. The list, should be a complete listing of all events, the listing only needs the basic information – event name, event type (using the categories listed in the measure) and dates of the event. The final element is submitting completed AARs for two separate events. The AARS should report what worked well in the event, identify potential improvement areas in protocols and</p>

DRAFT – DRAFT – DRAFT – DRAFT

	e procedures and other process improvements	actions taken and recommend improvements. See Domain 9 for use of AARs in program evaluation and quality improvement		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Standard 2.3 B: Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Successful investigation and mitigation of public health problems and environmental hazards will many times depend upon laboratory testing, epidemiologist involvement and environmental expertise. These areas provide vital support to an investigation and are a part of the capacity a department will have to respond when directed. This standard assesses the department's access to these services and supports in protecting the community's health through investigation and mitigation. There is no required documentation for this standard. Each measure has examples to guide the department in selecting the best documentation to demonstrate the measure.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Maintain Provisions for Epidemiological, Laboratory, and Support Response Capacity

Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Measure	Examples of Documentation	Interpretation and Guidance
		The department should have access to epidemiological and environmental public health

DRAFT – DRAFT – DRAFT – DRAFT

2.3.1 B: Maintain provisions for 24/7 emergency access, including surge capacity, to epidemiological and environmental public health resources capable of providing for rapid detection, investigation and containment/mitigation of public health problems and environmental public health hazards	<ul style="list-style-type: none">• All Hazards Plan/ERP• Policies and Procedures ensuring 24/7 coverage• Call Down lists• Contracts/MOAs/MOUs/Mutual assistance agreements detailing relevant staff	resources that can help with detection, investigation and mitigation of problems and hazards. This access should be available to the department 24/7. These resources can be within the department, can use staff of other agencies, can be individual contractors, or a combination of all. The measure does ask that the access include surge capacity should it be needed to help with investigation and mitigation. Possible documentation that could demonstrate the measure is the department’s All Hazards Plan/ERP. The department should highlight the section that state’s how the agency will maintain 24/7 access to the support services stated in the measure. The department could also submit any policies and procedures ensuring 24/7 coverage that are written outside of the All Hazards Plan/ERP. A call down list that is used to contact epidemiological and environmental health resources is another option for documentation. The final example is a copy of a contract, MOA/MOU, or mutual assistance agreements which defines the access to resources to assist in investigation and mitigation.		
Type of Measure Capacity	Type of Review Health Department Level	State	Local	Tribal

<p>Domain 2: Investigate health problems and environmental public health hazards to protect the community</p> <p>Maintain Provisions for Epidemiological, Laboratory, and Support Response Capacity</p> <p>Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.</p>		
<p>Measure</p> <p>2.3.2 B: Maintain</p>	<p>Examples of Documentation</p>	<p>Interpretation and Guidance</p> <p>This measure is a companion to 2.3.1 B and requires access to laboratory resources needed for detection, investigation and mitigation of public health problems and hazards.</p>

DRAFT – DRAFT – DRAFT – DRAFT

24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards	<ul style="list-style-type: none"> Laboratory certification, maintains a CLIA certificate or waiver for laboratory testing done on site All Hazards Plan/ERP Policies and Procedures ensuring 24/7 coverage Contracts/MOAs/MOUs/Mutual assistance agreements with other public and private laboratories Protocols for handling and submitting specimens 	<p>As with the previous measure, the access includes surge capacity, and is to be a support to health problems and environmental public health hazards. Laboratory capacity can be within the agency, can be provided by reference laboratories or a combination of both internal and external support.</p> <ul style="list-style-type: none"> Three of the examples are similar to 2.3.1 B. The All Hazards Plan/ERP can be submitted but should include and highlight access to laboratory services. Policies and procedures ensuring 24/7 coverage of laboratory services can be used to demonstrate the measure. Also, any contracts, MOAs/MOUs, or mutual assistance agreements the department has with other public and private laboratories to provide support services may be submitted. Two additional examples are included. If the department has the capacity to provide laboratory support, or provides a portion of it, submit the laboratory CLIA certification for the testing that can be done on site. The department should also have CLIA certification for the reference or outside laboratories used by the department. Regardless of who does the testing, the department should have protocols for the handling and the submission of specimens. 		
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>	State	Local	Tribal

Domain 2: Investigate health problems and environmental public health hazards to protect the community		
Maintain Provisions for Epidemiological, Laboratory, and Support Response Capacity		
Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.		
Measure	Examples of Documentation	Interpretation and Guidance
		This measure is a continuation of the access support for investigation and mitigation efforts for

DRAFT – DRAFT – DRAFT – DRAFT

<p>2.3.3 B: Maintain access to other support personnel and infrastructure capable of providing additional surge capacity</p>	<ul style="list-style-type: none"> • All Hazards Plan/ERP • Protocol that pre-identifies support personnel to provide surge capacity • Call Down lists • Staffing list for surge capacity (e.g., nursing, health education, communications, IT, logistics, and administrative personnel) and description of how staff accesses this information • Documented availability of equipment for transportation, field communications, PPE (e.g., Equipment logs, Inventory of transportation vehicles) • On-going training/exercise schedule (e.g., Basic ICS , PPE training) • Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge 	<p>this standard. This measure asks the department to have access to other support personnel and infrastructure needed for providing additional surge capacity. This is for support beyond that in measures 2.3.1 B and 2.3.2 B. The focus for this measure is the provision of surge capacity needed in a response to a health threat or hazard.</p> <p>The examples of documentation are similar to those of the previous measures in this standard and would need to demonstrate the capacity to provide surge capacity for the detection, investigation and mitigation of a public health event.</p> <p>As before, the All Hazards Plan/ERP can be submitted with highlighted sections detailing surge capacity. A protocol, procedure or policy that identifies support personnel who will be called upon to provide surge capacity may be submitted. This could refer to support staff within the agency that can assist during times of response and who would be performing duties outside their routine assignments or it could be a listing of support personnel from outside the agency who would be available to help the department.</p> <p>The department can also submit a call down list used to notify persons who would serve in a surge capacity. A staffing list for surge capacity refers to both the staffing needed for a surge response and how department staff will fill those roles. Included with this documentation should be a description of how staff are to access this information. This could be a part of an All Hazards/ERP or a separate protocol. Access could be through various methods including web or intranet, hard copy, central location in the facility, or distributed to those positions who have surge capacity assignments.</p> <p>A document detailing the availability of equipment to support a surge can be used to demonstrate additional infrastructure for a response. A training or exercise schedule can be submitted if the training and exercises help prepare personnel who will serve in a surge capacity. This does not have to be the focus of the training or exercise but should be an included component.</p> <p>As in previous measures, contracts, MOAs/MOUs, or mutual assistance agreements providing additional staff for surge capacity can be submitted as documentation. Any of the contracts or agreements for this standard can consist of separate documents or a single agreement covering several aspects of support.</p>
--	--	--

DRAFT – DRAFT – DRAFT – DRAFT

	situations	State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community		
Maintain Provisions for Epidemiological, Laboratory, and Support Response Capacity Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.		
Measure	Examples of Documentation	Interpretation and Guidance
2.3.4 B: Demonstrate that SHAs and LHDs work together to build capacity and share resources to address state and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	<ul style="list-style-type: none"> • Reports or other documentation (e.g., meeting minutes, memoranda of understanding, emails) demonstrating shared resources and/or additional capacity • All Hazards Plan/ERP • Joint exercises 	<p>In most public health situations requiring investigation and mitigation, the SHA and the LHD will be partners in the response. This measure requires that the state and local levels develop and share capacity and resources when they jointly provide efforts in the detection, investigation, and mitigation of problems hazards.</p> <p>The documentation submitted should reveal how the SHA and LHD are working together to build capacity and share resources. Examples that could be submitted include any type of documents that would demonstrate the sharing of resources or creation of additional capacity. The All Hazards Plan/ERP can be submitted highlighting sections that show SHA/LHD cooperation or collaboration in building capacity and sharing resources. Records from joint exercises, including AARs, can be used if there is a component demonstrating how the state and local levels worked together to test sharing of resources and the building of capacity during the exercise.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.

Reliable and timely communications is an important part of any public health response that requires investigation and mitigation. This standard assesses the capacity of the department to communicate to partners and the public during situations in which it is critical to get information out.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures for urgent and non-urgent communications.

Measure	Required Documentation	Interpretation and Guidance
2.4.1 B: Maintain written protocols for urgent 24/7 communications	(at least two examples updated semiannually from the following) <ul style="list-style-type: none"> • Protocols that include lists of partners, addresses, telephone lists, email/website addresses for media, health providers, and other frequent 	<p>This measure requires the department to have written protocols for communications during detection, investigation and mitigation of public health problems and hazards.</p> <p>The documentation is required and must be chosen from the bulleted list given. The department is to select a minimum of two of the six bullets and provide the listed documents. The documents submitted should be updated at least twice a year. The documents that can be submitted are a variety of protocols and listings that demonstrate the department's use of protocols for communication. The first bullet is an example of protocols for communication that provide a means for the department to be able to get in touch with with response partners and others 24/7. The protocol also includes the contact information for those partners. If the department has duplicative means to get in touch with partners, that information should be</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>contacts and provide for redundant communication mechanisms, if needed</p> <ul style="list-style-type: none"> • Examples of information to the public on how to contact the LHD to report a public health emergency or environmental public health risk 24/7 which may include calling 911, or 211, or 311 • Phone numbers for weekday/weekend and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools and hospitals • Emails, faxes, websites with contact information • Call-Down list, telephone tree • After-hours phone answering messages, 24/7 pager phone 	<p>included. The second bullet is two provide examples of how the public is to contact the health department to report a public health emergency, risk, problem or hazard. The remaining bullets are examples of listings or postings of contact information for the health department. These examples demonstrate different methods for getting in contact with the department. Phone listings, staff contact information, call-down lists and phone system messages should reflect access at all times and provide a means to communicate with the appropriate personnel in the department.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	access			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community				
Maintain Policies for Communication				
Standard 2.4 B: Maintain a plan with policies and procedures for urgent and non-urgent communications.				
Measure	Examples of Documentation	Interpretation and Guidance		
2.4.2 B: Implement a system to receive and provide health alerts and [to provide] appropriate public health response for health care providers, emergency responders, and communities on a 24/7 basis	<ul style="list-style-type: none"> Tracking system such as HAN system or other Reports of testing 24/7 contact and phone line(s) 	<p>This measure has two components. It requires the department to have a system in operation that receives and issues public health alerts and to provide the appropriate public health response for health care providers, emergency responders, and communities. This system must have 24/7 access,</p> <p>There is no required documentation for this measure. Two examples are given. The department can show how it has established, or is a participant in, a Health Alert Network (HAN) or similar system that receives and issues alerts. A HAN usually has the capacity to issue response measures or information related to the risk, hazard or problem. Since is HAN is usually web-based, screen shots from the computer can be printed as documentation.</p> <p>Another example is demonstrating that the means for 24/7 contact of the health department has been tested. This testing should include normal work hours and after hours. Email contact, phone lines, beeper, web site and other contact points with the department should be tested.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>		The tracking system or health alert network may be a state system that local departments participate in. The local system may establish a smaller system for providers and responders within the jurisdiction of the health department.	

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures for urgent and non-urgent communications.

Measure	Examples of Documentation	Interpretation and Guidance
2.4.3 B: Provide timely communication to local media during public health emergencies	<ul style="list-style-type: none"> Press conference materials and packages or press releases with dates noted to validate timeliness Factsheets Media Contact Sheet 	<p>A good relationship with the press is vital during a public health emergency. In the absence of accurate information, false information will be created. During a public health emergency and the response, the health department should be sought as the expert. Likewise the department should be issuing regular and appropriate updates to the media. This also helps inform the community on the emergency and response and lets the public know that public health is at work protecting the community. This measure requires that the department furnish timely information to local media during a public health emergency.</p> <p>The documentation listed for this measure is not required. Examples can be chosen by the department to demonstrate how it has provided communication to the media. Such material can be press releases, press packets, factsheets, information sheets on the issue or emergency being responded to, and other materials made available to the press. Media listings with press, television and radio contacts can also be submitted. Keep in mind that the measure deals with public health emergencies and the documentation should demonstrate timely communication with the media during an emergency. Other public health issues, risks and problems where a need to get timely information out to the press would also qualify.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures for urgent and non-urgent communications.

Measure	Examples of Documentation	Interpretation and Guidance		
2.4.4 B: Provide timely communication to the general public during public health emergencies	<ul style="list-style-type: none"> Materials such as media contact sheets, website screen prints, flyers, factsheets, with dates noted to validate timeliness 	<p>This measure is a companion to 2.4.3 B, in which timely communication is provided to the press. In this measure timely communication is provided to the public. As appropriate, the information may be the same to both the press and public. Likewise, the timely information is related to a public health emergency.</p> <p>There is no required documentation for the measure. The department should select examples to show how it has provided communication to the public. The documentation that can be submitted must indicate in some way the timeliness of the information related to the event. Any number of means can be used to get information to the public, including using the media (press conference, press release, PSA), posting on a website, distribution of printed materials (brochures, flyers, factsheets, inserts), fax broadcast to all providers and other responders, automated call systems, and email listserves.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 2: Investigate health problems and environmental public health hazards to protect the community		
Maintain Policies for Communication		
Standard 2.4 B: Maintain a plan with policies and procedures for urgent and non-urgent communications.		
Measure	Examples of Documentation	Interpretation and Guidance
2.4.5 S: Provide consultation and technical assistance to LHDs on the accuracy and clarity of public health information associated with an outbreak, environmental public health event or other public health emergency	<ul style="list-style-type: none"> • Documentation of requests and what was provided • Documentation of communications, meetings, trainings; emails • Recorded conference calls • Documentation of guidelines for accurate and clear communication to the public 	<p>This measure for state health departments emphasizes the state role of serving as a resource to the local health departments in areas of communication. While this assistance should be available for many situations, this measure has a focus of assisting with communication associated with outbreaks and emergencies. An important element in communication is consistency and all partners speaking the same message. The state can both assist local agencies and can help in crafting the information that is shared. Local departments may need assistance due to a lack of local resources or expertise. This measure requires that the state health department provide consultation and/or technical assistance to make sure that public health information given is accurate and clear. The measure specifies the assistance on information that is associated with an outbreak, an environmental event or other emergency.</p> <p>There is no required documentation for this measure. State health departments should select documentation to show how they have demonstrated this measure. Local agencies do not have to use the consultation and technical assistance services from the state, but it must be available if requested. Examples of documentation that can be submitted include providing evidence of how the department responded to requests received and documenting what service was provided. The state may provide information about this service during meetings or by listserve. The state may also provide general information about developing clear and accurate public health information during an outbreak, crisis or</p>

DRAFT – DRAFT – DRAFT – DRAFT

		emergency to prepare locals for such an occurrence. The state may also provide guidelines, protocols or written assistance to local departments on how the agency can provide accurate and clear communication to the public. Any of these examples can be submitted as documentation.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 3: Inform and educate about public health issues and functions

One of the essential services of public health is to inform and educate. Public health is instrumental in distributing information to the citizens served on many topics of health, prevention and lifestyle decisions. As well, public health agencies are to educate their jurisdictions on the role and function of public health.

This domain is assessing ways that the agency provides information to the public. All the standards in this domain apply to both state and local agencies. All measures have required documentation. Measure 3.2.4B has added examples of documentation. All documentation is reviewed at the health department level. Some of the documentation for this domain calls for it to be written. Written does not mean it must only be in hard copy. Written documentation is defined means that the plan is not just verbal or oral in definition but that it has been defined and documented in writing – either on paper or electronic file.

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Prevention is a cornerstone of public health. As such, public health agencies should be involved in promoting health education and promotion to the populations served. This measure is assessing the agency's encouragement of prevention and wellness through policy change and the variety of services offered through education and promotion activities.

Domain 3: Inform and educate about public health issues and functions

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Measure	Required Documentation	Interpretation and Guidance
3.1.1 B: Provide information to the public on health	<ul style="list-style-type: none">Two examples of providing	This measure is asking for documentation on how the health department provided information to the public – which could be any group or audience served by the health department. This could range from general distribution to a targeted audience. The information provided can be on a

DRAFT – DRAFT – DRAFT – DRAFT

risks, health behaviors, health needs, prevention, and/or wellness approaches	information on health risks, health behaviors, health needs, prevention, and/or wellness including information provided, to whom, date, and for what purpose	<p>broad range of health education and promotion topics:</p> <ul style="list-style-type: none"> • Health risks, such as the risks associated with smoking or obesity • Health behaviors, such as the impact of lifestyle choices on health outcomes • Health needs, addresses needs in the jurisdiction served such as access to dental care • Prevention, such as actions to prevent heart disease • Wellness, such as aspects of healthy nutrition and physical activity <p>It could also be a combination of these topics. For example, unprotected sex and HIV transmission could combine aspects of health risks, health behaviors and prevention.</p> <p>There are two pieces of documentation required. The health department is to provide two separate examples of information that has been shared with the public that address the listed topic areas. They can be of the same topic area, such as two items addressing prevention issues. For each example, provide the group or audience that the information targeted, the date shared or distributed, and the purpose for the information.</p>		
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>	State	Local	Tribal

Domain 3: Inform and educate about public health issues and functions

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
3.1.2 B: Implement health promotion strategies to protect the population from preventable conditions	<ul style="list-style-type: none"> Two examples of health education and promotion strategies that: <ul style="list-style-type: none"> Correspond to community needs identified through community health assessment data Are based on sound theory, evidence of effectiveness and/or promising practices Reflect social marketing methods Documentation that strategies have been implemented in collaboration with community partners 	<p>This measure requires that the health department implement strategies. Those strategies must have the characteristics listed in both the measure and the documentation. The strategies must relate to:</p> <ul style="list-style-type: none"> Health promotion Preventable conditions Community needs identified in the health assessment Sound theory, evidence-based or a promising practice Social marketing <p>For the example to be accepted as fully demonstrating the measure, all five elements must be present.</p> <p>Two strategies must be presented. Note that strategies reflect long-term goals or aims. It is not necessarily a program, though the health department may use programmatic materials as an example if it meets the characteristics listed.</p> <p>The documentation also requires that the strategies cited be implemented. The health department must give evidence to show the implementation. The documentation also requires that the implementation be a collaborative effort with community partners. The partners associated with the strategy must be listed. The strategy should define the partner's relationship and role to the strategy and/or the health department.</p> <p>As in 1.1.3 B, the scope of preventable conditions is very broad.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			
--	---	--	--	--

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

This standard is a complement to Standard 3.1 B. That standard had a focus on health education and promotion while Standard 3.2 B focuses on general information regarding public health issues and functions. This standard measures the health department's ability to make information – both general and specific – available to the public using a range of methods to distribute the information.

Domain 3: Inform and educate about public health issues and functions

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Measure	Required Documentation	Interpretation and Guidance
3.2.1 B: Provide information on public health mission, roles, processes, programs and interventions to improve the community's health	<ul style="list-style-type: none"> Two examples of providing information on public health mission, roles, processes, programs, and/or interventions, including information provided, to whom, date, and for what purpose At least one example of two of the following items: <ul style="list-style-type: none"> Educational 	<p>This measure is asking for examples of documentation to demonstrate how the health department informs the public about the role of public health and the range of services and programs that the health department provides.</p> <p>The documentation for this measure is required. The health department must submit two types of information. The first is two examples demonstrating how the health department provided general information on its role, mission and scope. This could be done through multiple media including, presentations, advertisements or newspaper inserts, web posting, email or fax list serve, fax cover sheet, brochure, services directory or program flyers. In addition to selecting two examples showing the information provided, the health department must include who received the information, dates of distribution (or range of dates), and the purpose of the information.</p> <p>The health department must also provide at least one example from two categories of items listed under the second bullet. The health department does not have to provide examples for all</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>materials with logo(s)</p> <ul style="list-style-type: none"> ○ Reports or materials distributed to media (such as advertisements, press releases etc) ○ Agency uniform/department apparel ○ Appropriate Signage inside and outside the facility 	<p>four categories. For example, the health department may provide an educational brochure identified with the health department logo, and a clinical uniform with an embroider/screen print of the health department name, emblem or logo. The health department can provide multiple examples for the two categories chosen. For example, the health department may select 5 or 6 samples of educational materials which are printed with the health department logo.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 3: Inform and educate about public health issues and functions

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Measure	Required Documentation	Interpretation and Guidance
3.2.2 B: Establish and maintain communication procedures to provide information outside the agency	<ul style="list-style-type: none"> • Written communications procedures with date created and updated biennially, that include: <ul style="list-style-type: none"> ○ Disseminating 	<p>This measure is assessing the protocols used by the health department to provide information that is distributed – either by an outside request or initiated by the health department. The intent is to show that the health department has developed, and follows, a standardized and consistent method for responding to a request for information or for any materials that the health department distributes. This assures that a request for information is answered appropriately and in a timely fashion and that appropriate reviews and approvals of information are obtained. The protocols can be a means to track the kinds of information</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<div>accurate, timely and appropriate information for different audiences</div> <div><div>○ Coordinating with community partners for the dissemination of public health messages</div><div>○ Maintaining a current contact list of media and key stakeholders</div><div>○ Designating a position or person as the public information officer. Responsibilities include managing media relationships, creating public health messages, and other communications activities</div><div>○ Describing responsibilities for positions interacting with the news media and the public, including, as</div></div>	<div>requested and can define information that may be confidential and is not appropriate for public distribution.</div> <div>The documentation is required and the communication protocols must be written and must include the date created. There is no required format for the protocols. To fully demonstrate conformity, the protocols must contain all of the bulleted elements in the documentation. The protocols must:</div> <div><div>○ Define the process for disseminating information accurately, timely and appropriately. This must be defined for the different audiences who may request or receive information from the health department.</div><div>○ Define the process for coordinating with community partners for the dissemination of public health messages as is appropriate for the message and the audience.</div><div>○ Include a current contact list of media and key stakeholders related to the protocol and the process for maintenance of the contact list</div><div>○ Designate a staff position or person as the public information officer. The protocol must define the responsibilities of the public information officer and will include managing media relationships, creating public health messages, and other communications activities</div><div>○ Describe the responsibilities for all staff positions that may interact with the news media and the public. This may include guidance for specific staff such as the director and the public information officer and guidance for others including any governing entity members who may speak on behalf of the health department and any public health staff member who may be contacted by the public or press.</div></div> <div>The protocols must be updated every 24 months. The health department does not need to provide previous copies or all updates but should submit a version that has been updated in the 24 months prior to the site visit dates for the health department.</div>
		<div><div>State</div><div>Local</div><div>Tribal</div></div>

DRAFT – DRAFT – DRAFT – DRAFT

	appropriate, any governing entity members and any public health staff member			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 3: Inform and educate about public health issues and functions

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Measure	Required Documentation	Interpretation and Guidance
3.2.3 B: Maintain written risk communication plan	<ul style="list-style-type: none"> Written Risk Communication Plan 	<p>The agency must have and maintain a risk communication plan. A risk communication plan is a tool to provide for information sharing during a crisis, disaster, outbreak or threat. It outlines the decisions and activities that will be taken, related to department communications, for a timely and effective response. A risk communication plan may be called an emergency communication, crisis communication or media communication plan. The purpose of the risk communication plan is to detain the communications and media protocols the health department will follow in the event of a public health crisis or emergency. The plan will detail public relations processes, will give guidance to anticipate a crisis, to respond effectively or even how to prevent a crisis (e.g. dealing with rumor or misinformation). It will provide protocols for how to provide information for a given situation, delineate roles and responsibilities, and describe how the health department will deal with the media. The plan may incorporate the required documentation for 3.2.2 B.</p> <p>The required documentation is a copy of the written plan so it must be defined and reproducible. There is no required format for the plan. The plan should be adopted or approved for use by the health department in some manner and be dated. There is no time line for updating the plan, but it should be current and revised as changes are noted by the health department.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 3: Inform and educate about public health issues and functions

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Measure	Required Documentation	Interpretation and Guidance
3.2.4 B: Make information available through a variety of methods, including a website	<ul style="list-style-type: none"> Website or web page that contains current information on, at a minimum, the following issues: <ul style="list-style-type: none"> 24 hr. contact number for reporting health emergencies Notifiable conditions line or contact number Health data, such as morbidity and 	<p>This measure requires the health department to make information available in a variety of ways – paper, web, fax, email, media, etc. One of those ways must include having a health department website. The health department may have its own web site or be part of another entity’s website or internet domain. This may be determined by the health department structure or governance.</p> <p>The required documentation for this measure lists some specific criteria for the website. The website must have all of the defined elements to fully demonstrate the measure. This can be submitted by providing a link to the web page that has the information requested in each of the elements listed.</p> <p>Other examples of documentation can be submitted in addition to the required documentation. The stated example would be to provide information on the health department’s communication strategies. A document that would include the methods used to make information available and defining the target audiences for specified types of information. Another example would be to</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>mortality data</p> <ul style="list-style-type: none"> ○ Links to laws ○ Information and materials from program activities such as communicable disease, environmental public health and prevention ○ Hyperlink to SHA, CDC and other agencies, as appropriate <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Description of communication strategies, including: <ul style="list-style-type: none"> ○ Methods (e.g., radio, telephone brochures, flyers, newsletters, press releases, and other mechanisms) ○ Targeted audiences (e.g., the public, governing entity and elected officials, health care providers) 	<p>provide a portfolio of different information from the health department and the format or means in which the information is distributed.</p> <p>For local health department's, some of the required web information may be provided through web links to a state government web site or to a federal government web site such as the CDC.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			
---	---	--	--	--

Domain 3: Inform and educate about public health issues and functions		
Communicate Information on Public Health Issues and Functions		
Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.		
Measure	Required Documentation	Interpretation and Guidance
3.2.5 B Demonstrate that accurate and current information is available in formats that are accessible to everyone in the community	<ul style="list-style-type: none"> Demographic data regarding ethnicity and languages spoken in the community List of culturally competent staff or contractors providing interpretation or translation services, as needed based on demographic data Availability of TTY and other assistive staff or technology devices to meet ADA requirements Two examples of current materials that are culturally 	<p>This measure builds on the others in this standard. The health department should ensure that any information, for whatever purpose or audience, is accurate and current. Information that is incorrect or out of date lessens the credibility of the health department. Most importantly, the information could negatively impact the health of the recipient. The health department should also ensure that the information it will distribute is usable by the recipient. Thus the information should be accessible to all audiences in the jurisdiction served.</p> <p>The required documentation for this measure consists of five pieces of documentation within four components:</p> <ul style="list-style-type: none"> The health department must provide demographic data defining the ethnicity breakdown and languages spoken in the jurisdiction served. The health department must provide a list of culturally competent staff or contractor(s) who provide interpretation or translation services. These services are provided as needed based on the demographic data from the previous bullet. The services do not have to be provided by the health department, but must be available when needed. Culturally competent staff is trained to provide services for the culture or language needing assistance. The amount and type of training is determined by the health department. The health department must have TTY, for the hearing impaired, and other assistive staff or technology devices available to meet ADA requirements. The health department must provide two examples of materials, currently in use, that are culturally appropriate, that have been translated into other languages, and/or are written at a

DRAFT – DRAFT – DRAFT – DRAFT

	appropriate, in other languages, and/or at low reading level	level for users who lack education or have a low reading proficiency.		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Domain 4: Engage with the community to identify and address health problems

Community engagement is one of the means whereby health departments accomplish their work. This is by creating partners for programs and services, building advocacy for public health, developing support for the health department and for sharing of resources. This domain assesses the health department's ability to establish relationships that will allow the health department to accomplish its goals.

Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.

Collaboration with others in the community can help a health department in accurately reflecting the perceptions and thoughts of partners in identifying and addressing health problems. Measure 4.1.1 B has required documentation, while the other measures in this standard has examples to help guide the health department in the selection of documentation for demonstration of the measures.

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing public health problems through an ongoing, collaborative process.

Measure	Required Documentation	Interpretation and Guidance
4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	<ul style="list-style-type: none">Two examples of ongoing collaborations that address public health issues (e.g. tobacco coalition, maternal child health coalitions, HIV/AIDS coalition,	<p>This measure assesses the health department's work in both establishing and participating in a collaborative relationship. The focus of the relationship is to address public health issues. This can be partnerships that the health department initiates or already established partnerships that the health department joins into. It is the intent of the measure that if the health department establishes the partnership, that it will also actively participate.</p> <p>The documentation is required and relates to two collaborations that the health department participates in. The examples must show a collaboration that is on-going, which infers a continuous relationship that is still existing, functioning and productive. It cannot be a partnership that has completed its task and has disbanded. The collaborative can interpret public</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>or a planning process such as CHIP)</p> <ul style="list-style-type: none"> List of partners in each collaboration Description of process and templates used for collecting feedback and evaluating at least one partnership. Documentation of use of evaluation findings. 	<p>health issues broadly and can incorporate any number of topic areas into the work of the partnership. The collaboration is to focus on public health issues which may include an already established program area, a newly identified issue, an issue defined by a health assessment, a potential public health threat or hazard, or to planning or development related to health department, community, regional, or state goals.</p> <p>For the two examples, provide a list of the participating members.</p> <p>There is an evaluation component to this measure. Documentation requires evidence – processes, templates, protocols, etc. that is being used by a partnership that the health department is a part of. This partnership does not have to be one of the two examples for the first bullet in the documentation list. Then the health department is to show how the evaluation results have been used by the partnership. This use may be for quality improvement, a review of the partnership work, assessment of progress or other elements that the partnership wishes to have feedback upon.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing public health problems through an ongoing, collaborative process.

Measure	Required Documentation	Interpretation and Guidance
---------	------------------------	-----------------------------

DRAFT – DRAFT – DRAFT – DRAFT

<p>4.1.2 B: Recruit and engage governing entity members, stakeholders, community partners and the public to participate in collaborative partnerships and coalitions to address important public health issues</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of partners who participated in the planning process • Documentation of use of an established national or state model to engage a wide range of diverse stakeholders (e.g. MAPP or use of the NPHPSP state/local public health system performance assessment, APEX-PH) NIMS. 	<p>While it is important for the health department to be a part of collaborations, it is also important to recruit others into partnerships to address public health needs. This may be through the recruitment of a coalition that the health department is establishing and/or engaging possible members to an existing task force. Again, the focus is on a collaboration that addresses public health issues. As noted in 4.1.1 B, the collaborative can interpret public health issues broadly and can incorporate any number of topic areas into the work of the partnership. The collaboration is to focus on public health issues which may include an already established program area, a newly identified issue, an issue defined by a health assessment, a potential public health threat or hazard, or to planning or development related to health department, community, regional, or state goals.</p> <p>This measure has no required documentation. The health department can submit documentation that best demonstrates the health department's recruitment or engagement of potential collaborators. One example is a listing of partners that participated in a planning process. The planning process could have been a type of health assessment, strategic planning, health improvement planning, or a session to plan how the health department will recruit new partners.</p> <p>Also, the health department can document the use of an established national or state model used for planning or assessment during which the process engaged diverse stakeholders. The health department will define who a stakeholder is and the result of the planning process to reach a broad cross section from the list of present or potential stakeholders for the health department. The model used may be a national model or can be a defined state process that is used by and across the state.</p> <p>The following is a list of groups, sectors, and types of organizations that should be considered for participation in collaborative partnerships and coalitions: community representatives, governmental agencies, medical care providers, schools, law enforcement agencies, environmental organizations, entities regulated by the health department, social service organizations, community planning/improvement organizations, faith-based and business organizations, philanthropy and others, that reflect diversity and include representatives of at-risk and vulnerable populations.</p>
--	--	---

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing public health problems through an ongoing, collaborative process.

Measure	Required Documentation	Interpretation and Guidance
4.1.3 L: Link stakeholders to technical assistance regarding models of recruiting and engaging with the community, as requested	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of requests and what was provided • Documentation of technical assistance (e.g. documentation of on-site, telephone, web-based assistance or trainings) provided on using an established model of community planning (e.g., MAPP, PACE- 	<p>This measure for local health departments is the companion measure to 4.1.3 S. It defines a public health role for local health departments of ensuring technical assistance in their jurisdictions to support partner work in engaging the community. This engagement is to recruit partnership members, build advocacy and developing on-going relationships to address public health problems. The local health department must ensure technical assistance is available, but the health department does not have to provide this. It may provide the technical assistance, may forward the request to the state for assistance, may work in partnership with the state, or another local organization, to deliver the assistance or may work through a contractor, such as an academic institution or consultant.</p> <p>The examples of documentation include the list of requests for technical assistance from stakeholders and what response or assistance was given. The local health department will define who its stakeholders are. Note that the technical assistance is for the purpose of helping recruit and engage the community and relates back to the overall domain element of addressing public health problems. If there have been no requests, the health department may show how it has notified stakeholders that technical assistance is available or provide evidence of presentations</p>

DRAFT – DRAFT – DRAFT – DRAFT

	EH, and others).	<p>about engaging the community and how technical assistance would be beneficial.</p> <p>Another example may be state assistance helping a local health department or partner in using an established model of community planning. This may include health assessments, health improvement planning and other aspects of planning to address health issues and demonstrates engagement of the community.</p> <p>The established model may be a national model or a defined process used by a state.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 4: Engage with the community to identify and address health problems		
Engage the Public Health System and the Community in Identifying and Addressing Health Problems Standard 4.1 B: Engage the public health system and the community in identifying and addressing public health problems through an ongoing, collaborative process.		
Measure 4.1.3 S: Provide technical assistance to LHDs and/or public health system partners regarding	Required Documentation Examples of Documentation <ul style="list-style-type: none"> Documentation of requests and what 	Interpretation and Guidance This measure for state health departments and 4.1.3 L for local health departments defines a public health role of providing technical assistance in their jurisdictions for supporting partner work in engaging the community. This engagement is to recruit partnership members, build advocacy and developing on-going relationships to address public health problems. Note that this measure requires that the state provide the technical assistance. This may be done by the state health department itself, through an established partner or may be through a contractor,

DRAFT – DRAFT – DRAFT – DRAFT

models for recruiting and engaging the community	<p>was provided</p> <ul style="list-style-type: none"> Documentation of technical assistance (e.g. documentation of on-site, telephone, web-based assistance or trainings) provided on using an established model of community planning (e.g., MAPP, PACE-EH, and others). 	<p>such as a consultant or academic institution.</p> <p>The examples of documentation include the list of requests for technical assistance from either local health departments or partners and what response or assistance was given. Note that the technical assistance is for the purpose of helping recruit and engage the community and relates back to the overall domain element of addressing public health problems.</p> <p>Another example may be state assistance helping a local health department or partner in using an established model of community planning. This may include health assessments, health improvement planning and other aspects of planning to address health issues and demonstrates engagement of the community.</p> <p>The established model may be a national model or a defined process used by a state.</p>		
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>	State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public’s health.

One of the ways public health can be successful is by developing community support for public health policies that improve health. The health department does this by community engagement to sponsor understanding of the work of public health and the strategies used to improve the health of our communities. In the standard, the measures demonstrate how the health department disseminates assessment results and engages community members to build support for policies and strategies that will lead to improvements in health. The documentation for all measures is required.

Domain 4: Engage with the community to identify and address health problems

Engage the Community to Promote Policies to Improve the Public’s Health

Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public’s health.

Measure	Required Documentation	Interpretation and Guidance
4.2.1 S: Disseminate the results of health assessments to statewide stakeholders	<ul style="list-style-type: none">• Two examples of assessment reports on priority health issues within the last 24 months• Documentation of distribution (e.g., e-mails, distribution list) and/or review of reports in Advisory or Coalition minutes within the last 24 months	<p>Once an assessment of the community’s health has been completed and the data analyzed, the results should be presented to the community that was assessed. For this state health department measure, the health assessment may be directed toward the entire state, may be a region or group of counties or may be targeted to a county or a specified community. The state health department may conduct a statewide health assessment, may conduct a targeted assessment or it may collect health assessments completed by local health departments. Use of the results can be a means to educate stakeholders on the public health problems identified or can emphasize already known issues. Health assessment results can call attention to the need for new or expanded resources, for new partners, or for new policies or strategies to address public health problems.</p> <p>The documentation requires two different examples of assessment reports. The reports should be on priority issues, which may have been identified in a state or local community health assessment process or may be from a separate data source. The reports do not have to be authored by the health department but may be from local or regional agencies, from a federal source, behavior risk surveys, or academic institution. The reports are to be disseminated to state-wide stakeholders. The state health department will define who comprises stakeholders who are state-wide. Both reports must have been issued within the last 24 months.</p> <p>The other component of the documentation is to show how the reports were disseminated, who received the reports, by what method and/or to note the discussion of the reports by recipients in</p>

DRAFT – DRAFT – DRAFT – DRAFT

		minutes.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 4: Engage with the community to identify and address health problems		
Engage the Community to Promote Policies to Improve the Public's Health Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.		
Measure	Required Documentation	Interpretation and Guidance
4.2.1 L: Disseminate the results of community health assessments to the community	<ul style="list-style-type: none"> Two examples of assessment reports on priority community health issues within the last 24 months Documentation of distribution (e.g., e-mails, distribution list) and/or review of reports in Advisory or Coalition minutes within the last 24 months 	<p>Once an assessment of the community's health has been completed and the data analyzed, the results should be presented to the community that was assessed. This can be a means to educate the community on the public health problems identified or reinforce already known issues. The community health assessment can be used as a call to action to engage the community and recruit new partners for the health department.</p> <p>The documentation requires two different examples of assessment reports. The reports should be on priority issues, which may have been identified in the full community health assessment process or may be from a separate data source. The reports do not have to be authored by the health department but may be from a state agency, from a federal source, behavior risk surveys, or academic institution. However the reports should pertain to the community covered by the local health department. Both reports must have been issued within the last 24 months.</p> <p>The other component of the documentation is to show how the reports were disseminated. Who received the reports, by what method and/or a record of the discussion of the reports by</p>

DRAFT – DRAFT – DRAFT – DRAFT

		recipients in minutes for the two examples must be submitted. Community Health Assessments that are completed on the local or regional level should be shared with the state health department.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 4: Engage with the community to identify and address health problems		
Engage the Community to Promote Policies to Improve the Public's Health		
Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.		
Measure	Required Documentation	Interpretation and Guidance
4.2.2 B: Engage the community about policies and strategies that will promote the public's health	<ul style="list-style-type: none"> Two examples of SHA efforts to educate the community, governing entity and/or elected 	<p>Building on the work of Standard 4.1 B where the health department developed practices of community engagement, this measure seeks evidence of that engagement for the purpose of informing and building support for policies and strategies that promote the health of the communities served.</p> <p>The documentation requires two different examples of the health department's work to educate on a policy or strategy that will lead to health improvement. The efforts can target the community – as a whole or a specified audience. The governing entity, whose members usually</p>

DRAFT – DRAFT – DRAFT – DRAFT

	officials (e.g., presentations, meeting packets, press stories, event summaries or other documentation)	<p>are selected to represent the community, may be one of the examples. Elected officials, who have the power to set public policy, may also be targeted for education about the use of policy and specified strategies to improve health.</p> <p>To document the examples, a copy of the presentation used may be submitted. Meeting agendas, minutes or materials may be used. Media such as a recording of televised meetings, press releases or copies of newsprint may be presented. Any documentation which demonstrates the effort to educate and engage may be submitted. Note that the education must be about policy and strategy.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Whether for a state or a local agency, well developed policies and plans are useful tools to guide agency work and can bring structure to the organization. Policies and plans “put on paper” what the agency does. It can be used to orient and train the staff, inform the public and partners, and can be a key component of developing consistency in operations and noting areas for improvement.

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

This standard addresses the public health role of being a resource for the authorities who establish or approve public health policy. For policy and practices to be valid and effective, public health agencies should have a voice in their development. When discussion on policy and practice is on the agenda, public health practitioners should be considered the experts and looked at as the primary resource for policy-makers. Policy or practice that is under consideration is also to either be based on current science or evidence-based, or it may be a promising practice – an innovative approach that needs exploration.

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Measure	Required Documentation	Interpretation and Guidance
5.1.1 B: Monitor public health issues under discussion by governing entities and elected officials	<ul style="list-style-type: none">Two examples of monitoring/tracking public health issues under discussion by various governing entities (e.g., a tracking system or	<p>This measure requires the health department to monitor any public health issues being discussed by governing entities and elected officials. By monitoring, the health department is to develop a process or record showing how the health department stays aware of the public health issues discussed by the governing entity for the health department and elected officials.</p> <p>The required documentation is to show the tracking system used to monitor public health issues under discussion.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	other documentation such as meeting minutes, membership on list-serve, newsletters that show the agency periodically reviews policy development activity)	<p>This could be done by meeting minutes and agendas for the governing entity. It could be demonstrated by review of elected officials minutes or agendas. It may be kept in a log designed by the health department. Health department membership on a list-serve that discusses public health issues is another method that may be used. Newsletters, reports or summaries showing health department review and tracking of public health issues by elected officials or governing entities is also acceptable.</p> <p>Local elected officials would be county (county manager, board of commissioners or supervisors) or city elected officials (mayor, board of commissioners or supervisors)</p> <p>State elected officials would be the governor, council of state, and legislators</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Measure	Required Documentation	Interpretation and Guidance
5.1.2 S: Contribute to the development and/or modification	<ul style="list-style-type: none"> Two current examples of any of the 	This measure builds upon the work of Domain 3 – informing the community about public health. When the community is educated on the role of public health, they can be effective partners in the development of public health policy. If stakeholders to the health department are

DRAFT – DRAFT – DRAFT – DRAFT

<p>of public health policy by facilitating stakeholder involvement and engaging in activities that inform the policy development process</p>	<p>following:</p> <ul style="list-style-type: none"> ○ Informational materials (e.g., issue briefs, media statements, talking points, fact sheets) ○ Records of public testimony by agency staff ○ Documented participation in advisory groups responsible for advising on health policy 	<p>involved in developing policy, the result should be policy that reflects the need of the community, that will have stakeholder and community buy-in, and can achieve the purpose set out in the policy.</p> <p>The required documentation is to provide two current (last 14 months) examples of the possibilities listed. The examples can be from separate sub-bullets or two examples of the same sub-bullet.</p> <p>Informational materials would show the health department’s efforts of facilitating stakeholder involvement and/or attempts to engage stakeholders in the process. Testimony or presentations by state can also be used to recruit, engage and involve stakeholders and can show how the health department is informing about public health policy needs and the process of developing new or modifying current policy. If there has been an advisory or work group appointed by the governing entity, elected officials, or the health department director, health department participation in the group can be used to demonstrate the measure. The group should have stakeholders to the health department as members and should have a stated purpose of advising on health policy. This does not have to be the only role of the group, but may be one among many responsibilities assigned.</p> <p>Who the stakeholders are will be defined by the health department and could include health department staff, elected officials – state and local, local public health representatives, tribal representatives, community based organizations, professional organizations, and community members or consumers.</p>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>	<p>State</p>	<p>Local</p>	<p>Tribal</p>

DRAFT – DRAFT – DRAFT – DRAFT

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Measure	Required Documentation	Interpretation and Guidance
<p>5.1.2 L: Contribute to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process</p>	<ul style="list-style-type: none"> • Two current examples of any of the following: <ul style="list-style-type: none"> ○ Informational materials (e.g., issue briefs, media statements, talking points, fact sheets) ○ Records of public testimony by agency staff ○ Documented participation in advisory groups responsible for advising on health policy 	<p>This measure builds upon the work of Domain 3 – informing the community about public health. It is the same measure as 5.1.2 S, with the exception that the state engagement is with stakeholders, while the local engagement is with the community. Community engagement implies full representation of the communities served by the health department. Community engagement involves stakeholders, but also represents the full and diverse viewpoints within the jurisdiction. When the community is educated on the role of public health, they can be effective partners in the development of public health policy. If community members are involved in developing policy, the result should be policy that reflects the need of the community, that will have stakeholder and community buy-in, and can achieve the purpose set out in the policy.</p> <p>The required documentation is to provide two current (last 14 months) examples of the possibilities listed. The examples can be from separate sub-bullets or two examples of the same sub-bullet.</p> <p>Informational materials would show the health department’s efforts of facilitating community involvement and/or attempts to engage community representatives in the process. Testimony or presentations by state can also be used to recruit, engage and involve the community and can show how the health department is informing about public health policy needs and the process of developing new or modifying current policy. If there has been an advisory or work group appointed by the governing entity, elected officials, or the health department director, health department participation in the group can be used to demonstrate the measure. The group should have community representatives as members and should have a stated purpose of advising on health policy. This does not have to be the only role of the group, but may be one among many responsibilities assigned.</p> <p>How the community is defined and how it is represented will be defined by the health department and could include elected officials, governing entity members, health care</p>

DRAFT – DRAFT – DRAFT – DRAFT

		practitioners, tribal representatives, community based organizations, professional organizations, and community members or consumers.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Measure	Required Documentation	Interpretation and Guidance
5.1.3 B: Inform governing entities, elected officials and the public of potential public health impacts (both intended and unintended) from current and/or	<ul style="list-style-type: none"> Two current examples of any of the following: <ul style="list-style-type: none"> Impact statements or fact sheets about the impact of current or 	<p>While involving stakeholders and the community in the development of public health policy is important, so is notification about the results of policy. This measure assesses how the health department informs three key stakeholders about the impact of policy. The measure requires the impact statements to report on both intended results and any result that were unintended or not expected. Also the documentation can be for policies that are currently in effect or for policies that are proposed.</p> <p>Policies can also be included from other sectors or organizations that impact public health such as land use, housing, transportation, etc.</p>

DRAFT – DRAFT – DRAFT – DRAFT

proposed policies	<p>proposed policies</p> <ul style="list-style-type: none"> ○ Documented distribution of memorandum, emails, briefing statements, or discussion of policy issues (e.g., agency staff involved, governing entity/elected official contacted, topic discussed, response and follow up) ○ Documented presentation of evaluations and/or assessments of current and/or proposed policies 	<p>The required documentation is to provide two current (last 14 months) examples of the possibilities listed. The examples can be from separate sub-bullets or two examples of the same sub-bullet.</p> <p>Impact statements or fact sheets for current or proposed policies may be submitted. The impact may be based on data, surveys or studies on current policy or may be assumed for a proposed policy. The distribution of correspondence, emails, briefing statements, or reports on policy impacts may be used to demonstrate the measure. If there is a discussion of policy issues and impacts, the documentation should include who in the health department participated, who was invited to participate, participant listing, what was discussed, meeting materials or agenda, and any follow-up to be completed. A related type of documentation is a presentation of evaluations or assessments of current and/or proposed policies. The presentation or the evaluation/assessment report and an agenda for the presentation should be submitted as evidence.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

A strategic plan can either be very useful or totally useless, depending on the quality of the plan, who was involved in the development

DRAFT – DRAFT – DRAFT – DRAFT

and whether the document is implemented or is never consulted again. This standard looks at the strategic plan process as an active one that seeks to set organizational goals and works toward quality improvement through regular review.

The following measures apply to both state and local agencies and all documentation is required. There are 4 measures that build on each other. When combined they create a process for creating and using a strategic plan. The intent of these measures is to develop and implement a strategic plan to strengthen the organization internally.

The Strategic Plan focuses on a range of agency level organizational goals, strategies and objectives including new initiatives. The PHAB Glossary of Terms has definitions and relationships between Strategic Plans, SHIPs and QI plans.

Domain 5: Develop public health policies and plans

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Measure	Required Documentation	Interpretation and Guidance		
5.2.1 B: Conduct a strategic planning process	<ul style="list-style-type: none">Documentation of the planning process used to develop the organization's strategic plan. This could include such topics as:<ul style="list-style-type: none">Membership of the planning group including agency staff and governing entity members	<p>This measure is asking for the process used to develop a strategic plan and to demonstrate that the process was carried out.</p> <p>The documentation is of the planning process used. The process can be facilitated within the health department or by an outside organization or individual. The result of the planning process is to create a strategic plan. The sub-bullets are not required but give examples of the process steps or elements that may be part of the documentation. The documentation should include who participated in the process, the types of data and information used in the process, the tools used to develop the plan, and linkages to other health department reports/plans such as a health assessment report, health improvement plan, quality improvement plan, workforce development plan, etc.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> ○ Identification of external trends, events, or factors that may impact community health or the agency ○ Assessment of agency strengths and weaknesses ○ Link to SHIP or quality improvement plan, as appropriate 			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Measure	Required Documentation	Interpretation and Guidance
5.2.2 B: Develop a strategic plan	<ul style="list-style-type: none"> ● Agency strategic plan dated within the last five years (may not be titled this, but should contain the following) including: <ul style="list-style-type: none"> ○ Mission, vision, 	<p>This is the second stage for this standard. After determining a planning process, comes the development of the plan. The documentation for this measure is the plan that was produced. It must have been developed within the last five years. There is no required or suggested format for the strategic plan. For this measure the sub-bullets are required items. The plan must contain the health department's mission and vision, any guiding principles for the health department, the priorities identified in the planning process along with goals and objectives. Goals and objectives must have targets (expected products or results) that are measurable and are connected to a time frame. While these components must be in the plan, they do not have to be</p>

DRAFT – DRAFT – DRAFT – DRAFT

	guiding principles/values <ul style="list-style-type: none"> ○ Strategic priorities ○ Goals and objectives with measureable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual work plan, etc.	named as defined. In the health department plan that is submitted, it is recommended that the health department flag these required components in some manner, especially is cited by another name or term. Note also that the targets from the goals and objectives can be in a separate document and referenced in the strategic plan. If so, it must be submitted in addition to the strategic plan.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Measure	Required Documentation	Interpretation and Guidance
5.2.3 B: Implement the strategic plan	<ul style="list-style-type: none"> • Annual reports of progress towards goals and objectives including monitoring of performance 	<p>After development of the strategic plan comes implementation. This is documented by showing progress toward the goals and objectives identified in the plan. The progress may be by completing defined steps to reach a target, by completing objectives, revision of the plan based on work completed, adjustments to timelines, etc. The progress reports must be done, at a minimum, on an annual basis. The reports must include how the targets are monitored, not any progress made and any revisions or conclusions reached based on the monitoring.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	measures and conclusions on progress toward targets	<p>Note: This measure is Not Applicable if measure 5.2.2 B is not met. This means that if measure 5.2.2 B is not demonstrated by the department, then this measure is also not demonstrated since 5.2.3 B is dependent upon measure 5.2.2 B having been completed.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans		
Develop and Implement a Strategic Plan Standard 5.2 B: Develop and implement a health department organizational strategic plan.		
Measure	Required Documentation	Interpretation and Guidance
5.2.4 B: Review and revise the strategic plan	<ul style="list-style-type: none"> Documentation of revised strategic plan at least every five years <p>Note: This measure is Not Applicable if measure 5.2.2 B is not</p>	<p>The final stage for this standard is one of updating of the plan. This is a crucial step in having a strategic plan that is useful and usable by the health department. This measure requires that the health department review and revise the plan as needed and as progress is made.</p> <p>The documentation calls for a copy of the revised strategic plan. While revisions and updates to the plan should be regular, at a minimum the plan should be revised at least every five years. This measure calls for revisions to the plan itself. It is not the progress report required in 5.2.3 B, although progress on goals and objectives will be incorporated into the revised plan. Review</p>

DRAFT – DRAFT – DRAFT – DRAFT

	met.	<p>of the plan may call for revisions based on completion of goals or objectives, newly added goals or objectives, a new community assessment or health improvement plan, organizational changes or a change in governance. The revised plan may be a completely new plan that replaces the previous strategic plan.</p> <p>Note: This measure is Not Applicable if measure 5.2.2 B is not met. This means that if measure 5.2.2 B is not demonstrated by the department, then this measure is also not demonstrated since 5.2.4 B is dependent upon measure 5.2.2 B having been completed.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].

Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].

Once the strategic plan and health assessments have been completed and the data analyzed, the health department will take that information and develop an action plan for improving the health of the public. The health improvement plan takes that data and information and outlines how the department will move forward in addressing the health issues identified. The state health department is to develop a state health improvement plan that addresses the needs of all citizens in the state. The local health department is to develop a community health improvement plan that addresses the needs of the citizens within the jurisdiction it serves.

Note: Standard 5.3 has both a state set of measures and a local set of measures. For Standard 5.3 in this guide, the state standard and measures are listed first, followed by the local standard and measures.

Domain 5: Develop public health policies and plans

Conduct a State Health Improvement Planning Process

Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].

Measure	Required Documentation	Interpretation and Guidance
5.3.1 S: Conduct a state health improvement process that includes broad participation from stakeholders	<ul style="list-style-type: none">• Documentation that the process included:<ul style="list-style-type: none">○ Broad participation of public health system partners○ Information from state health assessments○ Issues and themes identified	<p>After you have engaged stakeholders and they understand their important role in working with public health agencies to develop policy, the health department will need to involve them in the creation of a health improvement plan. This measure assesses that the state health department has conducted a process that will produce the plan.</p> <p>The State Health Improvement Plan (SHIP) has a larger focus than the organization, and will involve partners in the assessment, planning, and strategy development process, as well as in implementation of strategies. A SHIP and a Strategic Plan can and should cross-reference one another, so a strategic initiative that is in a SHIP may also be in the Strategic Plan. [See Glossary for definitions and relationships of Strategic Plans, CHIPs/SHIPs and QI plans.] This may be a single plan or a series of plans that focus on populations or geographic areas.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>by the stakeholders</p> <ul style="list-style-type: none"> ○ Identification of state assets and resources ○ Established set of priority state health issues ○ Development of measurable health objectives ● Completed health improvement process framework such as MAPP, NPHPSP, or other tools 	<p>The required documentation has two components – the process framework and process elements. The six process elements listed are required. The documentation must show that there was participation of partners. This can be through participant lists, attendance rosters, minutes, and work groups or subcommittees if appointed. The participants in this process should have data and information from state health assessments to use in their deliberations. Along with this secondary data, there will be discussion by stakeholders that will identify issues and themes that will be considered for the plan. This list of issues should be submitted as a part of this documentation. Another area that will be discussed and considered by the participants in this process will be the identification of assets and resources needed as the plan is developed and implemented. From this information, the participants will develop the priority state health issues along with measurable health objectives. All of this information will be used to develop the SHIP.</p> <p>The second component of the documentation requires the submission of the completed health improvement process framework. MAPP is given as an example and other tools can be used. The process framework may be a state developed process, from the public sector, or from the private or business sector. As a part of the planning process, be sure to review the required components of the SHIP in 5.3.1 L, so they may be appropriately included and discussed during planning and development of the plan.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Conduct a State Health Improvement Planning Process

DRAFT – DRAFT – DRAFT – DRAFT

Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].			
Measure	Required Documentation	Interpretation and Guidance	
5.3.2 S: Produce a state health improvement plan as a result of the health improvement process	<ul style="list-style-type: none"> State health improvement plan (SHIP) dated within the last five years that includes: <ul style="list-style-type: none"> Assessment data about the prevailing health of the population Statewide health priorities, objectives, improvement strategies and performance measures with measureable and time-framed targets Measurable and time-framed targets may be contained in another document such as an annual work plan. Policy changes 	<p>The State Health Improvement Plan (SHIP), a required document for accreditation, will be produced as a result of measure 5.3.1 S.</p> <p>This measure requires the submission of the SHIP with five required components for the plan. The SHIP must be produced and dated within the past five years. The first component is assessment data about the prevailing health of the state population. The second is inclusion of statewide health priorities, objectives, improvement strategies and performance measures with measureable and time-framed targets that were determined in the planning process. The documentation notes that the measurable and time-framed targets do not have to be in the SHIP directly, but may be listed in a companion document. If this is the case, the companion document should be submitted with the SHIP for this measure. If identified in the planning process, include and policy changes needed to accomplish the identified health objectives. List any individuals and organizations that have accepted responsibility for implementing strategies. This may be assignments to staff, planning participants, stakeholders or community members. This can be designed as the state determines and does not need to be a formalized process requiring contracts or an MOA/MOU. The final component is to include measureable health outcomes or indicators to monitor progress. This may be compiled with the objectives and measure from the second sub-bullet and likewise may be in a companion document. If so, submit with the SHIP.</p> <p>Along with the SHIP, the health department may wish to submit other Examples to demonstrate how it has met the requirements of this measure. The example given is an analysis of any alignment between the state priorities and community or national priorities. The intent would be to show how the SHIP planning process used other health priorities during deliberations.</p>	
		State	Local
			Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	<p>needed to accomplish health objectives</p> <ul style="list-style-type: none"> ○ Individuals and organizations that have accepted responsibility for implementing strategies (does not need to be a formal agreement such as an MOU) ○ Measureable health outcomes or indicators to monitor progress <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> ● If available, documentation of alignment between the health improvement plan and community/state/national priorities (i.e., SHIP takes local and national priorities into consideration) 			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Domain 5: Develop public health policies and plans			
Conduct a State Health Improvement Planning Process			
Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].			
Measure	Required Documentation	Interpretation and Guidance	
5.3.3 S: Implement elements and strategies of the state health improvement plan, in partnership with others	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports of actions taken related to strategies to improve health • SHIP work plan with documentation of progress 	<p>After planning and developing the SHIP, comes implementation. This measure assesses how the health department has implemented the plan and that the implementation involves partners to the state health department.</p> <p>There is no required documentation for this measure. The health department may provide the documentation that best represents how the elements and strategies of the plan are being implemented.</p> <p>The examples states include any reports showing implementation of the plan. This should specify the strategies being used, the partners involved and the status or results of the actions taken. Another example would be a work plan for the SHIP showing timelines and progress. This could be in narrative or a table format. An annual workplan was an example of a companion document that could be used for documenting the required components of 5.3.2. S.</p> <p>Note: This measure is Not Applicable if measure 5.3.2 S is not met. This means that if measure 5.3.2 S is not demonstrated by the department, then this measure is also not demonstrated since 5.3.3 S is dependent upon measure 5.3.2 S having been completed.</p>	
		State	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			
--	---	--	--	--

Domain 5: Develop public health policies and plans

Conduct a State Health Improvement Planning Process

Standard 5.3 S: Conduct a comprehensive planning process resulting in a state health improvement plan [SHIP].

Measure	Required Documentation	Interpretation and Guidance
5.3.4 S: Monitor progress on strategies and health improvement in order to revise the SHIP, as needed	<ul style="list-style-type: none"> Evaluation reports on progress related to strategies in a SHIP including: <ul style="list-style-type: none"> Monitoring of performance measures Progress related to health improvement indicators (for future iterations of accreditation cycles as these changes may take a while) Revised SHIP based on evaluation results 	<p>The final measure for this standard is monitoring progress of the SHIP and revising the plan as needed. The plan may need revision based on evaluation, based on a change to strategies, based on a newly identified priority, a change in responsibilities or a completed objective.</p> <p>All aspects of the plan, and the identified tasks and timelines, should be monitored for progress and adjustments made when indicated. The documentation required for this measure will link evaluation to a revised SHIP.</p> <p>There should be specified instructions or timelines for evaluation in the SHIP. This measure does not specify what those timelines should be, but the evaluation reports are to be submitted as evidence. The reports should assess progress on achieving the strategies in the SHIP. It must include monitoring of measures. Again this will be on a timeline identified in the plan. The evaluation report must also list the progress made on health improvement indicators as defined in the plan. This may take several years to show measureable progress, so there may not be indicator progress to report. If there is not progress, state that no progress has been shown to date.</p> <p>A revised SHIP based on evaluation is also required. Revisions are to be made as indicated by the evaluation or monitoring. The revisions can be in the health priorities, objectives, improvement strategies, performance measures, time-frames, targets, or health outcome indicators listed in the plan.</p> <p>Note: This measure is Not Applicable if measure 5.3.2 S is not met. This means that if measure</p>

DRAFT – DRAFT – DRAFT – DRAFT

		5.3.2 S is not demonstrated by the department, then this measure is also not demonstrated since 5.3.4 S is dependent upon measure 5.3.2 S having been completed.		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans		
Conduct a Community Health Improvement Planning Process		
Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].		
Measure	Required Documentation	Interpretation and Guidance
5.3.1 L: Conduct a community health improvement process that includes broad participation from the community	<ul style="list-style-type: none"> Documentation that the process included: <ul style="list-style-type: none"> Broad participation of community partners Information from community health assessments Issues and 	<p>This measure is the local equivalent to 5.3.2 L. After you have engaged the community and they understand their important role in working with public health agencies to develop policy, the health department will need to involve them in the creation of a health improvement plan. This measure assesses that the local health department has conducted a process that will produce the plan.</p> <p>The Community Health Improvement Plan (CHIP) has a larger focus than the organization, and will involve partners in the assessment, planning, and strategy development process, as well as in implementation of strategies. A CHIP and a Strategic Plan can and should cross-reference one another, so a strategic initiative that is in a CHIP may also be in the Strategic Plan. [See Glossary for definitions and relationships of Strategic Plans, CHIPs/SHIPs and QI plans.] This may be a single plan or a series of plans that focus on populations or geographic areas.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>themes identified by the stakeholders and the community</p> <ul style="list-style-type: none"> ○ Identification of community assets and resources ○ Established set of priority community health issues ○ Development of measurable health objectives ● Completed health improvement process framework such as MAPP or other tools 	<p>The required documentation has two components – the process framework and process elements. The six process elements listed are required. The documentation must show that there was participation of partners. This can be through participant lists, attendance rosters, minutes, and work groups or subcommittees if appointed. The participants in this process should have data and information from state health assessments to use in their deliberations. Along with this secondary data, there will be discussion by stakeholders that will identify issues and themes that will be considered for the plan. This list of issues should be submitted as a part of this documentation. Another area that will be discussed and considered by the participants in this process will be the identification of assets and resources needed as the plan is developed and implemented. From this information, the participants will develop the priority state health issues along with measurable health objectives. All of this information will be used to develop the CHIP.</p> <p>The second component of the documentation requires the submission of the completed health improvement process framework that was. MAPP is given as an example and other tools can be used. The process framework may be a state developed process, from the public sector, or from the private or business sector. As a part of the planning process, be sure to review the required components of the CHIP in 5.3.1 L, so they may be appropriately included and discussed during planning and development of the plan.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

DRAFT – DRAFT – DRAFT – DRAFT

Conduct a Community Health Improvement Planning Process Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].		
Measure	Required Documentation	Interpretation and Guidance
5.3.2 L: Produce a community health improvement plan as a result of the community health improvement process	<ul style="list-style-type: none"> ● Community health improvement plan (CHIP) dated within the last five years that includes: <ul style="list-style-type: none"> ○ Assessment data about the prevailing health of the population ○ Community health priorities, objectives, improvement strategies and performance measures with measureable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual workplan. ○ Policy changes needed to 	<p>The Community Health Improvement Plan (CHIP), a required document for accreditation, will be produced as a result of measure 5.3.1 L.</p> <p>This measure requires the submission of the CHIP with five required components for the plan. The CHIP must be produced and dated within the past five years. The first component is assessment data about the prevailing health of the community's population – the population served by the health department. The second is inclusion of community health priorities, objectives, improvement strategies and performance measures with measureable and time-framed targets that were determined in the planning process. The documentation notes that the measurable and time-framed targets do not have to be in the CHIP directly, but may be listed in a companion document. If this is the case, the companion document should be submitted with the CHIP for this measure. Community Health Priorities may be determined by the planning group and should use any available information available, such as a community health assessment. If identified in the planning process, include and policy changes needed to accomplish the identified health objectives. List any individuals and organizations that have accepted responsibility for implementing strategies. This may be assignments to staff, planning participants, stakeholders or community members. This can be designed as the state determines and does not need to be a formalized process requiring contracts or an MOA/MOU. The final component is to include measureable health outcomes or indicators to monitor progress. This may be compiled with the objectives and measure from the second sub-bullet and likewise may be in a companion document. If so, submit with the CHIP.</p> <p>Along with the CHIP, the health department may wish to submit other Examples to demonstrate how it has met the requirements of this measure. The example given is an analysis of any alignment between the community priorities and state or national priorities. The intent would be to show how the CHIP planning process used other health priorities during deliberations.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>accomplish health objectives</p> <ul style="list-style-type: none"> ○ Individuals and organizations that have accepted responsibility for implementing strategies (does not need to be a formal agreement such as an MOU) ○ Measureable health outcomes or indicators to monitor progress <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> ● If available, documentation of alignment between the health improvement plan and community/state/national priorities (i.e., CHIP takes state and national priorities into consideration) 	<div> <div>State</div> <div>Local</div> <div>Tribal</div> </div>		
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Domain 5: Develop public health policies and plans			
Conduct a Community Health Improvement Planning Process			
Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].			
Measure	Required Documentation	Interpretation and Guidance	
5.3.3 L: Implement elements and strategies of the community health improvement plan, in partnership with others	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports of actions taken related to strategies to improve health • CHIP Workplan with documentation of progress <p>Note: This measure is Not Applicable if measure 5.3.1 L is not met.</p>	<p>After planning and developing the CHIP, comes implementation. This measure assesses how the health department has implemented the plan and that the implementation involves partners to the state health department.</p> <p>There is no required documentation for this measure. The health department may provide the documentation that best represents how the elements and strategies of the plan are being implemented.</p> <p>The examples states include any reports showing implementation of the plan. This should specify the strategies being used, the partners involved and the status or results of the actions taken. Another example would be a work plan for the CHIP showing timelines and progress. This could be in narrative or a table format. An annual workplan was an example of a companion document that could be used for documenting the required components of 5.3.2. L.</p> <p>Note: This measure is Not Applicable if measure 5.3.2 L is not met. This means that if measure 5.3.2 L is not demonstrated by the department, then this measure is also not demonstrated since 5.3.3 L is dependent upon measure 5.3.2 L having been completed.</p>	
		State	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			
--	---	--	--	--

Domain 5: Develop public health policies and plans

Conduct a Community Health Improvement Planning Process

Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].

Measure	Required Documentation	Interpretation and Guidance
5.3.4 L: Monitor progress on strategies and health improvement in order to revise the CHIP, as needed	<ul style="list-style-type: none"> Evaluation reports on progress related to strategies in a CHIP including: <ul style="list-style-type: none"> Monitoring of performance measures Progress related to health improvement indicators (for future iterations of accreditation cycles as these changes may take a while) Revised CHIP based on evaluation results <p>Note: This measure is Not Applicable if measure 5.3.1 L is not</p>	<p>The final measure for this standard is monitoring progress of the CHIP and revising the plan as needed. The plan may need revision based on evaluation, based on a change to strategies, based on a newly identified priority, a change in responsibilities or a completed objective.</p> <p>All aspects of the plan, and the identified tasks and timelines, should be monitored for progress and adjustments made when indicated. The documentation required for this measure will link evaluation to a revised CHIP.</p> <p>There should be specified instructions or timelines for evaluation in the CHIP. This measure does not specify what those timelines should be, but the evaluation reports are to be submitted as evidence. The reports should assess progress on achieving the strategies in the CHIP. It must include monitoring of measures. Again this will be on a timeline identified in the plan. The evaluation report must also list the progress made on health improvement indicators as defined in the plan. This may take several years to show measureable progress, so there may not be indicator progress to report. If there is not progress, state that no progress has been shown to date.</p> <p>A revised CHIP based on evaluation is also required. Revisions are to be made as indicated by the evaluation or monitoring. The revisions can be in the health priorities, objectives, improvement strategies, performance measures, time-frames, targets, or health outcome indicators listed in the plan.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	met.	Note: This measure is Not Applicable if measure 5.3.2 L is not met. This means that if measure 5.3.2 L is not demonstrated by the department, then this measure is also not demonstrated since 5.3.4 L is dependent upon measure 5.3.2 L having been completed.		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

Since 9-11 occurred, followed by the cases of anthrax, public health has been recognized as an important partner in response preparations and implementation. Since disease-causing agents, either as a course of nature or as a terrorist weapon, can cause a great disruption to the working of society, public health agencies should be involved in the aspects of response planning pertaining to the public's health.

Domain 5: Develop public health policies and plans

Maintain All Hazards/Emergency Response Plan
Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance
5.4.1 B: Participate in the development and maintenance of an All Hazards/ERP	<ul style="list-style-type: none"> • Documentation of preparedness meetings with other government agencies (e.g., meeting minutes, calendar of meetings, email exchanges, phone calls) • Documentation of collaboration in the testing of the All Hazards / ERP, through the use of drills and exercises <ul style="list-style-type: none"> ○ Description of real event or exercise including documented coordination with emergency response partners ○ Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as specified by PPHR • Documentation of collaboration in revision of the All Hazards / ERP <ul style="list-style-type: none"> ○ Documentation of review meeting within the last two years ○ Documentation of updated contact information ○ Documentation of coordination with 	<p>This measure offers evidence that the health department is an active participant in the process for developing, and maintaining, the response plan that covers the jurisdiction. The intent is to show that the public health department is involved in the response planning process for the area served by the health department. The documentation for this measure should have a focus on <u>participation</u> in the process. Measure 5.4.2 B will focus on the plan itself.</p> <p>There are seven components to the required documentation for this measure. The health department should have evidence documenting how it participates in the development and maintenance of a response plan. All seven components must be present to fully demonstrate conformity with this measure.</p> <p>The first component is documentation demonstrating the health department’s participation in preparedness meetings with other government agencies. This documentation can be meeting agendas and minutes, meeting rosters, calendar of meetings, email exchanges, and phone calls (as documented on a log or other record).</p> <p>Another component is to submit a description of either an actual real-life event or a planned exercise to test the plan. This description should include documentation of how the health department coordinated with emergency response partners during the event or exercise. Emergency response partners may be local or state emergency services agencies including law enforcement, may be community partners such as a hospital, or may be all partners from the local or state planning committee. A related component will be reports from the event or exercise. Examples given included an evaluation report, minutes from a debriefing session, or the ARR produced by the health department or a partner health department. If an ARR is submitted, the elements specified by Project Public Health Ready should be in the ARR.</p> <p>To demonstrate maintenance of the plan documentation is required to show that the health department participated in meetings held to review the plan. This must have occurred within the last two years and can be demonstrated by meeting agendas and minutes or attendance rosters. Also include documentation to show that a contact list of respondents has been updated. This may be shown by presenting the most current listing</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>emergency response partners</p> <ul style="list-style-type: none"> ○ Revised All Hazards/ERP, as needed 	<p>and demonstrating through minutes or previous listings that it has been updated.</p> <p>Coordination with emergency response partners refers to how the collaboration with partners is demonstrated in the All Hazards Plan/ERP. This includes the delineation of roles and responsibilities in the plan and the various roles that partners will play in responding to a public health emergency or hazard.</p> <p>The final component is to have a copy of the revised response plan to document the result of the work to maintain the plan and ensure it is up-to-date and reflects current practice and information.</p> <p>The Project Public Health Ready Criteria can be found at http://www.naccho.org/topics/emergency/PPHR/Criteria.cfm</p> <p>National Incident Management System (NIMS) information may be found at http://www.fema.gov/emergency/nims/</p>		
		State	Local	Tribal
E?Type of Measure Process	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Maintain All Hazards/Emergency Response Plan
Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance
5.4.2 B: Develop and maintain a public health emergency response plan (ERP)	<ul style="list-style-type: none"> • ERP as defined by Project Public Health Ready (PPHR) or other state or national guidelines such as LEOP that includes: <ul style="list-style-type: none"> ○ Designation of an emergency response coordinator ○ Roles and responsibilities of the agency and its partners ○ Communication networks and/or communication plan ○ Continuity of Operations • Documentation of testing of the public health ERP, through the use of drills and exercises <ul style="list-style-type: none"> ○ Process for exercising and evaluating the public health ERP ○ Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as specified by PPHR • Documentation of revision of the public health ERP <ul style="list-style-type: none"> ○ Documentation of review meeting within the last two years 	<p>This measure is a companion to measure 5.4.1B. After showing participation in the development and maintenance of the plan, the plan itself is developed and then maintained. By maintaining a plan, it is reviewed and revised as necessary to keep current the information contained in the plan and the processes and protocols to be followed. The plan may be titled by several names including an all hazards plan or an emergency response plan. The plan may be a document that is produced by the health department, by a partner health department or by collaboration. The plan may be a stand alone document that delineates the health department's roles and responsibilities or it may be a section within a larger plan.</p> <p>This measure has both required documentation and some examples of other documentation that may be submitted to show how the health department demonstrates conformity. The health department must submit its response plan. The plan must be written as defined by Project Public Health Ready (PPHR) or another state or national guideline. The guideline may be defined for locals by the state health department or may be define for both state and local by another state health department, such as an office of emergency management. The plan must contain the five defined elements listed in the sub-bullets. An emergency response coordinator must be designated within the health department. The roles and responsibilities of the health department and its partners must be defined. The response plan must list any networks for communication or have a communication plan. The communication plan may be a separate plan, a defined section within the response plan or incorporated within the response plan. Another component of the plan must define how the health department will manage Continuity of Operations during an emergency. The plan must also have a process for exercising and for evaluating the response plan.</p> <p>Other required elements are similar to measure 5.4.1 B. The focus on that measure is the participation of the health department, while the focus for this measure is to show that the maintenance of the plan occurred. The health department is to submit some type of report to show that the plan has been reviewed or tested and revised as needed. This can be done through the same documentation submitted in 5.4.1 B. It can be an evaluation report, meeting minutes from a debriefing session or an After-Action Report (ARR) after an event or exercise. Again the ARR must have the required elements specified by PPHR. Also include documentation of review meeting within the last two years. This</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> ○ Revised public health ERP, as needed <p>Examples of Documentation</p> <ul style="list-style-type: none"> ● Documentation of designated staff, such as Incident Command System (ICS), as described in organizational charts, job descriptions and/or job action sheets ● Memoranda of agreement/understanding regarding resources needed, as identified in the plan ● Supply inventory lists with access to resources, deployment 	<p>can be shown through meeting agendas and minutes where the plan was reviewed or a section of the plan was reviewed and revised.</p> <p>The health department may also submit examples of documentation to demonstrate conformity with the measure. The health department may provide a list of designated response staff, such as when the Incident Command System (ICS) is implemented. This may be documented in health department organizational charts, in the job descriptions of designated staff and/or job action sheets that may be part of the plan or a separate document or attachment. Other examples may be a MOA/MOU regarding who will supply resources or how resources will be obtained in a response. This may be supported through a supply inventory lists defining the access to resources and how the supplies will be deployed during an emergency or a response.</p> <p>The Project Public Health Ready Criteria can be found at http://www.naccho.org/topics/emergency/PPHR/Criteria.cfm</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 5: Develop public health policies and plans

Maintain All Hazards/Emergency Response Plan

Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
5.4.3 S: Provide consultation and technical assistance to LHDs regarding evidence-based and/or promising practices/templates in ERP development and testing	<ul style="list-style-type: none"> Documentation of requests and what was provided Documentation of communications, meetings, trainings; emails 	<p>Response to an emergency will usually be a combination of both state and local agencies. This measure requires the state health department to provide assistance to local agencies in their response planning. Here the intent of the measure is two fold – for the state to provide consultation and technical assistance as requested and to share evidence-based and/or promising practices in developing a plan and in exercising the plan.</p> <p>There are two pieces of required documentation. One is to provide documentation of requests for assistance and to show evidence of what was provided in return. The other piece is to submit documentation of information shared with LHDS. The means for delivery for both of these may be through a variety of methods including email, phone calls, documents/materials, site-visits, meetings, training sessions and web postings</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 6: Enforce public health laws

One of the essential services of public health is that of a regulator who must enforce compliance with law. This is especially true in areas of communicable disease and immunization, and environmental health. This will range from laws that apply statewide to a local law that only applies to a city or county. Whatever the scope, all health departments are either granted some degree of authority to enforce laws or a relationship with those authorities. All public health departments should maintain knowledge of public health law that applies to its jurisdiction

The term “laws” as used throughout this Domain and other standards refers to ALL types of statutes, regulations, rules, executive orders, ordinances, case law and codes that are applicable to the entity being accredited. This means that for state health departments not all ordinances are applicable, and therefore ordinances may not need to be addressed by state health departments. Similarly, some statutes are not applicable to local health departments, and therefore some statutes may not need to be addressed by local health departments.

Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

While there are some elements of law that appear timeless, other aspects will need to be reviewed and possibly revised based on new knowledge, practices and emerging issues in public health. To know if a law is effective, public health departments must have the ability to review laws. Then they must be able to work with the right entities to effect change to law when needed.

Domain 6: Enforce public health laws

Maintain Up-to-Date Laws

Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

Measure	Required Documentation	Interpretation and Guidance
6.1.1B: Maintain access to legal and program expertise to assist in the review of laws	<ul style="list-style-type: none">Documentation that legal counsel is available to the health department,	This measure requires the health department to have access to legal and program expertise. This access to counsel can be by having the expertise on staff, or available by contract or by affiliated agency. The purpose of the counsel is to assist in the review of laws.

DRAFT – DRAFT – DRAFT – DRAFT

	<p>such as a contract or MOU or MOA for services with legal counsel or documentation of legal assistance (e.g., legal opinions on file, review and feedback)</p> <ul style="list-style-type: none"> Documentation of using program experts to review proposed laws for conformance with programmatic requirements <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> Documentation of attendance at seminars or training regarding laws 	<p>The documentation for this measure is required. The health department must show that legal counsel is available to them when needed. This may be by a contract, MOU or MOA. Or it may be by documentation showing where the health department received legal assistance in the review of law.</p> <p>The other required component is to provide documentation showing the use of program experts to review proposed laws for conformance with programmatic requirements. The program experts may be local, state or federal level public health practitioners. They may also be experts from academic institutions or professional organizations.</p> <p>Another example that can be used for documentation is attendance at seminars, conference, and continuing education or training sessions regarding the laws that the health department has responsibility for enforcing. This can develop expertise within the agency on those laws and the review of them.</p>						
		<table> <tr> <th>State</th><th>Local</th><th>Tribal</th></tr> <tr> <td>The state health department may have legal counsel on staff or contract and may make that legal counsel available to the LHD. The state should make program experts available to the LHDs to help with proposed local laws.</td><td>A local health department that is affiliated with a county or city should have access to the legal counsel of that entity.</td><td></td></tr> </table>	State	Local	Tribal	The state health department may have legal counsel on staff or contract and may make that legal counsel available to the LHD. The state should make program experts available to the LHDs to help with proposed local laws.	A local health department that is affiliated with a county or city should have access to the legal counsel of that entity.	
State	Local	Tribal						
The state health department may have legal counsel on staff or contract and may make that legal counsel available to the LHD. The state should make program experts available to the LHDs to help with proposed local laws.	A local health department that is affiliated with a county or city should have access to the legal counsel of that entity.							
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>							

Domain 6: Enforce public health laws		
Maintain Up-to-Date Laws		
Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.		
Measure	Required Documentation	Interpretation and Guidance

DRAFT – DRAFT – DRAFT – DRAFT

<p>6.1.2 B: Evaluate the need for changes in laws</p>	<ul style="list-style-type: none"> Two examples of review of laws (e.g., minutes or presentations) within last three years At least one example of a regulation/ordinance or enforcement activity that changed as a result of review within last three years <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> Evaluations of laws and enforcement activities for consistency with evidence-based and/or promising practices for achieving compliance Documented use of model public health laws, checklists, templates and/or exercises in reviewing laws Documentation of input solicited from key stakeholders on proposed and/or reviewed laws (e.g., Issue forums; town 	<p>Once laws have been reviewed, the next step is to evaluate those laws and the information obtained through review to assess the need for changes in the law. This also can be done within the agency or through a partnership, and by using available experts and legal counsel.</p> <p>There are two pieces of required documentation for this measure. The health department must provide two examples showing the review of law. This may be documented by minutes, reports, presentations or some other record of the findings. Both reviews also must have been within the past <u>three</u> years. In addition to the two examples, the health department must present another example of a change as a result of the review. The change can be in a regulation, ordinance or other type of law that the department is responsible for enforcing. The reference here is to the body of law the health department has the authority or ability to change. The documentation also allow for the change to be made to an enforcement activity of the department and not a law itself. Again the example must be from the past three years. The example can be a result of one of the law reviews in the first two examples of documentation, or it can be a separate example.</p> <p>In addition, there are other examples or information that could be used to document legal review, including evaluation methods used to review, comparison of law to practice, descriptions of the review processes/methods used, input – whether from stakeholders, partners or public – when reviewing law or proposing new or revised law.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	meetings, hearings)			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 6: Enforce public health laws		
Maintain Up-to-Date Laws		
Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.		
Measure	Examples of Documentation	Interpretation and Guidance
6.1.3 B: Inform governing entity and elected officials of needed updates of laws and make recommendations for action	<ul style="list-style-type: none"> • Policy agendas, position papers, white papers, legislative briefs including recommendations for action • Documentation of distribution to governing entity and/or elected officials 	<p>Once law has been reviewed and possible changes noted, the process moves to informing those who have authority to make the changes. The governing entity for the health department can be a strong advocate for change to public health law. In many cases, the governing entity will have law-making or rule-making authority. Elected officials also have authority to change and create law. The health department should share its findings from the review and, as the public health expert for the jurisdiction, make recommendations for action – revision, creation, deletion – on the body of public health law.</p> <p>There is no required documentation for this measure. There are two examples given, both related to each other. The department should collect documentation that is used to inform governing entities and elected officials. The documents should show the review and evaluation of law as required in Measures 6.1.1 B and 6.1.2 B, along with recommendations for action. The examples cited are various policy papers or statements that would cite what was reviewed and concluded with recommendations.</p> <p>The second element shows how the recommendations were distributed. This could be accomplished through a governing entity meeting, emailed or mailed to governing entity members and elected officials. For this measure, a public posting such as on the department website would not be sufficient. The documentation must show distribution to</p>

DRAFT – DRAFT – DRAFT – DRAFT

		the targeted audiences of governing entities and elected officials.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 6: Enforce public health laws		
Maintain Up-to-Date Laws		
Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.		
Measure	Examples of Documentation	Interpretation and Guidance
6.1.4 S: Demonstrate that the SHA and LHDs collaborate in reviewing, improving and developing state and local laws	<ul style="list-style-type: none"> Joint policy and planning meeting agendas and minutes Protocols for policy collaboration or MOUs 	<p>This is a state health department measure that gives the state responsibility to see that the state and local health departments work together when reviewing existing law and then revising or creating law. Also the state must collaborate for both a state level law and for local law.</p> <p>There is no required documentation, but the state health department can offer examples to show how it will collaborate with local health departments. There could be joint meetings between state and local public health officials, or joint local meetings facilitated by the state. The agendas, minutes and any resulting documents from those meetings could be submitted. The state can also develop a policy for the collaborating of review of law and make this available to local health departments.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>	This collaboration may be through assistance to local health departments as they review and revise law and may be used to help local agencies demonstrate the other measures of this standard.		

Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Public health departments have the responsibility to educate the public about the laws that the department enforces. To varying degrees, public health law impacts all citizens. Educating about public health law includes informing citizens about the meaning behind the law, the purpose for the law and the benefit of the law. Educational efforts should be aimed at individuals, and the many organizations – including schools, civic, faith-based, governmental, medical – that are a part of the jurisdiction being served.

Domain 6: Enforce public health laws

Educate About Public Health Laws

Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Measure	Required Documentation	Interpretation and Guidance
6.2.1 B: Maintain agency knowledge and consistent	<ul style="list-style-type: none"> List of positions with regulatory and 	If the health department is to be effective in enforcing and educating on public health law, it is going to have to make sure that the department has adequate knowledge on the law and on the application of the law. The public health department is to sustain its staff's knowledge of the

DRAFT – DRAFT – DRAFT – DRAFT

application of public health laws	<p>enforcement responsibilities and their job descriptions</p> <ul style="list-style-type: none"> • Documentation of staff training in uses of laws to support public health interventions and practice, within the last two years • Documentation of consistent application of public health laws, e.g. audits of case files 	<p>public health laws it is responsible for enforcing and to sustain the department's consistent application of public health laws.</p> <p>The required documentation for this measure has three parts and is to be selected from a sample of programs. The sample should be those programs that have regulatory responsibilities.</p> <p>First, the department must submit a list of positions with regulatory and enforcement responsibilities in the department along with the job description for each position on the list. The positions would be those with a direct responsibility defined in the job description. This would include regulatory actions associated with environmental health law, communicable disease, animal control and any other where law gives authority to the department for enforcement of that law. Each department, through the list of positions submitted, will define and determine which staff members apply under this measure and thus are responsible for the enforcement of law for the department.</p> <p>Second, the department must document that the staff was trained in the uses of laws to support public health interventions and practice. Interventions and practice would cover all aspects of programming within the department, so this would include all on the list of positions submitted. The training agenda is not specified and can include both general and specific aspects of public health law. Each position should be trained on the specific aspects of the law for which they are responsible. For example, a communicable disease nurse would need to know all aspects of law surrounding communicable disease reporting but would not be required to know specific elements on public water laws. The training must have been given within the two years prior to the submission of the SAT.</p> <p>Finally the documentation must demonstrate a consistent application of public health laws. The department is to prepare documentation that best shows this. It could be shown through internal audits, through enforcement documents or logs, or through a review of case reports.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Sample of Programs</i>			
---	--	--	--	--

Domain 6: Enforce public health laws				
Educate About Public Health Laws				
Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.				
Measure	Examples of Documentation	Interpretation and Guidance		
6.2.2 B: Make laws, and permit/license requirements accessible to the public	<ul style="list-style-type: none"> Website access (or alternative physical location within the agency) to laws and permit/license application processes Newsletters or direct mailings, with distribution list Other documentation of distribution, e.g. responses to requests, logs of violations, and/or complaints 	<p>As a part of education individuals and organizations on public health law, the department must make the language of the laws available to the public. This measure also includes a specific element of the law and applies to those laws that have requirements for a permit or a license application activity. Likewise those may be available to the public. This would apply to those activities that are overseen by the department.</p> <p>There is no required documentation, but several examples are cited showing accessibility of laws and the stated requirements. The information can be located at the department in hard copy form. A website can be used to post laws, or a link to the laws, along with forms, protocols or other components of the permit or licensing process. If published, copies can be available for pick-up or for sell at the department or on the web. Laws, information on permit and licensing requirements, or specified components of the former can be publishing in newsletters or annual reports, sent on an email listserve, presented at meetings or to governing entities. When the information has been distributed, the department should keep and submit the distribution list. An email would be to send updated rules on septic tank installation to all companies or individuals who install septic tanks as a part of their business. Laws and requirements may also be distributed upon request, as a result of complaints, as a part of a notice of violation or other situation where the distribution is limited.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 6: Enforce public health laws		
Educate About Public Health Laws		
Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.		
Measure	Examples of Documentation	Interpretation and Guidance
6.2.3 B: Provide education to regulated entities regarding their responsibilities and methods to achieve full compliance with applicable laws	<ul style="list-style-type: none"> • Website FAQ site and other educational materials • Newsletters, with distribution list • Training sessions, with attendance list and materials • Public meetings with minutes, agendas, and attendance list • Documentation of TA provided through email, phone logs, etc. • Press releases 	<p>This measure builds on 6.2.2 B. After making laws accessible, then education must be provided to specified groups and individuals who are regulated. They are to be educated on their responsibilities under the law and given the techniques and means needed to be able to fully comply with applicable laws.</p> <p>There is no required documentation. The department is to select the best examples from a sample of programs. As in 6.2.1 B, the sample of programs should be those that have regulatory requirements or authority. The focus of the documentation should be directed toward those entities who are regulated by law. This may be a smaller group, such as well-installers who are regulated regarding how they install a drinking water well. Or it may be all citizens, who are a regulated entity in regard to immunization law.</p> <p>Documentation that can be submitted are records of training sessions including attendance lists, the educational materials used for training, or the means of distributing that material. Website postings of material, distribution of materials and press releases or newsletters may be used to demonstrate education of regulated entities.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		<p>The department may also conduct public hearings on law with specific invitations to those impacted by the law or inviting public comment from all citizens. Summaries of public comment, public hearing agendas or minutes, and public hearing participant lists could also be submitted.</p> <p>The department may also be asked to give assistance or interpretation to regulated entities. If done, records of such assistance can be submitted.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i>			

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

Standard 6.3 B is the culmination of this domain. After reviewing laws, revising as needed, and educating on the law comes the enforcement of the law. This standard looks at the elements of enforcement activities conducted by the health department. The local health department should have written protocols for enforcement activities and should be prepared for both routine and emergency enforcement of law. This standard applies to the programs and regulated entities over which the department has authority. All of the documentation for this standard will be selected from a sample of programs that have enforcement activities.

Domain 6: Enforce public health laws

Conduct Enforcement Activities

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of

DRAFT – DRAFT – DRAFT – DRAFT

violations among appropriate agencies.				
Measure	Required Documentation	Interpretation and Guidance		
6.3.1 B: Maintain current written procedures and protocols for conducting enforcement actions	<ul style="list-style-type: none">• Documentation of authority to conduct enforcement activities• Procedures and protocols/decision trees for laws or enforcement actions for achieving compliance	<p>This measure requires the department have current written procedures and protocols for when it conducts enforcement actions or activities related to its authority to enforce public health law.</p> <p>The required documentation should be selected from a sample of programs in the health department. The department should have all enforcement actions defined in policy or protocol, but only needs to submit a sample with the SAT. The department can select the number submitted, but the sample should not be less than 3 separate programs. Procedure and protocol may be written in the law. If a copy of the law is used as the protocol or procedure, it must contain the elements of the required documentation.</p> <p>In the procedures and protocols, the department must document its authority to conduct enforcement activities. They must also contain the actions for achieving compliance to the law. This may be stated in the procedures and protocols or may be charted in a decision tree – a model or flow chart diagram showing the desired path for reaching compliance to the law.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i>			

Domain 6: Enforce public health laws

Conduct Enforcement Activities

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Examples of Documentation	Interpretation and Guidance		
6.3.2 B: Conduct inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	<ul style="list-style-type: none"> • Protocol/algorithm for scheduling inspections (e.g., identify restaurants with frequent violations) or documentation of compliance with mandated frequencies • Inspection work plan or schedule with appropriate frequencies • Database or log of inspection reports with actions, status, follow-up, reinspections and final disposition 	<p>When the law specifies a particular frequency that inspections must be conducted, the department should be following the defined schedule. This measure requires that departments conduct inspection activities at the frequency mandated. This may include the use of a method that analyzes risk to determine frequency and scheduling of inspections of regulated entities.</p> <p>There is no required documentation for this measure. The documentation should come from a sample of programs. It should be in programs that the department has authority to conduct an inspection of the regulated entity in some form. One piece of documentation that can help demonstrate conformity to the measure is the submission of a protocol or an algorithm for scheduling inspections or the documentation inspections showing compliance with mandated frequencies. An example is for rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation. Another example of documentation could be a work plan or schedule with appropriate inspection frequencies. A database or log of inspection reports with actions taken, current status, follow-up, reinspections and final disposition can be used to show that inspections are meeting defined frequencies. The department may include documentation of the stated frequency of inspections in the law to corroborate the documentation submitted.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i>			

Domain 6: Enforce public health laws

Conduct Enforcement Activities

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
6.3.3 B: Conduct enforcement activities and follow up on complaints according to procedures and protocols for both routine and emergency situations	<ul style="list-style-type: none"> Data base or log of actions with analysis and standards for follow-up at each level Documentation of hearings, meetings with regulated entities, compliance plans 	<p>An important element of enforcing public health law is the ability to receive and act on complaints that are delivered to the health department. Complaints can come from a number of sources and all should be properly investigated. Complaints may result from everyday activities by regulated entities or may happen as a result of an unusual or emergency condition. This measure requires health departments, as they conduct enforcement activities, to appropriately follow up on complaints as directed by procedures and protocols. This requirement applies to both routine and emergency situations. An emergency situation is very broad and includes such scenarios as extreme weather, floods, chemical spills, water/sewage line breaks, disease outbreaks, explosions, etc.</p> <p>There are two elements to the required documentation for this measure. The documentation is to come from a sample of programs and must include a data base or log of actions with analysis and standards for follow-up at each level of the complaint process. The standards for follow-up may be within the procedure and protocols and does not have to be a part of the log. If separate, the standards must be included with the database or log. The second element is documentation of any hearings or meetings held with regulated entities regarding a complaint and any resulting compliance plans. The compliance plan has no specific format and will be determined by law or agency protocol. The regulated entity, based on the law, could be an organization, business, or individual.</p>		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Sample of Programs</i>			

Domain 6: Enforce public health laws

Conduct Enforcement Activities

DRAFT – DRAFT – DRAFT – DRAFT

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.			
Measure	Examples of Documentation	Interpretation and Guidance	
6.3.4 B: Conduct analysis of complaints, violations and enforcement activities to determine patterns, trends, compliance and effectiveness	<ul style="list-style-type: none"> Annual report summarizing complaints, violations, enforcement activities Documentation of an evaluation of a random number of enforcement actions each year to determine compliance with timeliness and effectiveness of enforcement procedures Debriefings or other evaluations of specific enforcement actions with documentation of what worked well, issues and recommended changes in investigation/response procedures and other process improvements 	<p>This is a companion to measures 6.3.2 B & 6.3.3 B. Those measures require action to address complaints and to follow inspection frequencies, and this measure requires analysis to seek opportunities for improvement in the department's enforcement actions. Here the department is to conduct analysis of complaints received, violations noted and enforcement activities taken to then determine patterns, trends, compliance and effectiveness. These four – patterns, trends, compliance and effectiveness – can be individually or collectively applied to a data set. The analysis can be for an annual or multi-year data set.</p> <p>There is no required documentation and the examples submitted must be from a sample of programs. Possible documentation includes the submission of an annual report summarizing complaints, violations, and enforcement activities. This report should include elements of the analysis listed in the measure. Another document that could be submitted is an evaluation of a random number of enforcement actions each year to determine compliance with timeliness and effectiveness of enforcement procedures. The evaluation may look at the full process from beginning to end for the analysis or may look at multiple actions over the course of a year to evaluate compliance. The final example is to document a session that discusses or concludes a specific enforcement action. The report should record aspects of what worked well during the enforcement process, any problems that arose, and any recommended changes to protocols or procedures used by the department. All other process improvements discussed should be noted in the documentation.</p>	
		State	Local
		Tribal	

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i>	Type of Review <i>Sample of Programs</i>			
--	--	--	--	--

Domain 6: Enforce public health laws		
Conduct Enforcement Activities Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.		
Measure	Required Documentation	Interpretation and Guidance
6.3.5 B: Coordinate notification of violations to the public, when required, and coordinate the sharing of information about enforcement activities, analysis, results and follow-up activities among appropriate agencies	<ul style="list-style-type: none"> • Communication protocol for interagency notification cooperation • If notification of the public is required, documentation of the protocol for notification • Two examples of notification of enforcement actions, e.g. websites, minutes, conference calls, emails, correspondence, MOUs and MOAs that demonstrate 	<p>This measure asks for the department to coordinate enforcement activities with other agencies when appropriate. This coordination will be in notifying the public of violations and when there is a need to share information. The public notification is when required by law, policy or protocol. The sharing of information could be about enforcement actions and/or any resulting analysis or follow-up.</p> <p>The required documentation for this measure is from a sample of programs, requiring two examples per program that enforces law. The department will need to provide with the documentation a listing of all programs with enforcement authority. This list will serve as a cross reference to the other measures under Domain 6.</p> <p>Required as a part of documentation is a communication protocol for interagency notification cooperation. This may be part of multiple protocols where information shared relates to a specific program or activity, or it may be a single protocol that covers all aspects of notifying other agencies related to enforcement actions. If there are any laws, protocols or policies that require public notification, the reference should be submitted for all programs. If there is no requirement, provide a statement noting this. The department may also allow for public notification without a legal requirement. If this is done, include a copy of the protocol which defines this.</p> <p>The department is to submit two examples per program when there has been notification of enforcement actions. This notification can be through a variety of methods including posting on</p>

DRAFT – DRAFT – DRAFT – DRAFT

	sharing of information in enforcement activities	a website, minutes from public meetings, conference calls, emails, correspondence, press release, public presentation, reports, and MOUs and MOAs with other agencies that define the sharing of information process related to enforcement activities		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i> <i>(two examples per program)</i>	Appropriate agencies could include local or tribal departments when there is shared responsibility for enforcement.	Appropriate agencies could include state or tribal departments when there is shared responsibility for enforcement.	Appropriate agencies could include state or local departments when there is shared responsibility for enforcement.

Domain 7: Promote strategies to improve access to healthcare services

It goes without saying that for individuals to receive the health care needed, those services must be available and accessible. One role of public health is to lead the assessment of the capacity of the community or state to meet the healthcare needs of citizens and to work to provide the access needed to meet those needs.

Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

This standard requires the health department to conduct an assessment of health services available in the jurisdiction served. The health department is expected to be a key participant in this process. This standard calls for the health department to assess health care availability and then to identify vulnerable populations who experience barriers to health care. Using this information, the health department is to then see what gaps exist. The next standard examines the implementation of the findings.

Domain 7: Promote strategies to improve access to healthcare services

Assess Healthcare Capacity and Access to Healthcare Services

Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

Measure	Examples of Documentation	Interpretation and Guidance
7.1.1 B: Convene and/or participate in a collaborative process to assess the availability of healthcare services	<ul style="list-style-type: none">Charters, meeting agendas with minutes or rosters of coalitions/networks/councils and their members (e.g., healthcare providers, social services organizations, and other stakeholders) working on collaborative processes	<p>This measure calls for the health department to be a leader in assessing the community or state for health care needs. While the health department does not have to be the entity that convened the group, the health department must be a participating member. The documentation must demonstrate collaboration; reflecting involvement from a variety of participants representing the total jurisdiction. The purpose of the group is to assess healthcare availability in the area served by the health department.</p> <p>There is no required documentation for this measure. Examples of documentation that may be submitted are documentation generated by a collaborative group that this convened by the health department or in which the health department participates. The documentation should show who participated and should record the assessment process through collaboration.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>to assess availability of healthcare services</p> <ul style="list-style-type: none"> Description of partnerships across the SHA, LHDs, and the healthcare system to make comprehensive data available for the purposes of healthcare planning (e.g., regional health information organizations (RHIOs) and health information exchanges (HIEs), less formal local planning efforts) 	<p>Other documentation could include information on the partnerships developed to assess healthcare availability and the use of data in the assessment process.</p>		
		State	Local	Tribal
		<p>The intent of these measures is for state health department to participate in statewide activities to assess and improve individuals' access to general healthcare services. The SHD is NOT expected to directly provide any general healthcare services in order to improve access. Healthcare services include, but are not limited to, clinical preventive services, EMS, emergency departments, urgent care, ambulatory care (primary and specialty), inpatient care, dental, and behavioral health. [See Glossary for definition of Healthcare Services]</p>		
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

<p>Domain 7: Promote strategies to improve access to healthcare services</p> <p>Assess Healthcare Capacity and Access to Healthcare Services</p> <p>Standard 7.1 B: Assess healthcare capacity and access to healthcare services.</p>		
Measure	Examples of Documentation	Interpretation and Guidance

DRAFT – DRAFT – DRAFT – DRAFT

7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to healthcare services	<ul style="list-style-type: none">Specific reports of needs of the population as indicated in other consumer satisfaction surveys, and surveys of special population groups [See Standard 1.3 and Standard 5.3]Description of process, e.g. sector maps or other tools, for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations to assist in identification of programs gaps and barriers to accessing care	<p>A complimentary component to the healthcare availability assessment in Measure 7.1.1 B is also to assess who are vulnerable populations within the health department’s jurisdiction. They may be populations that are underserved in some way, such as the uninsured; may be at-risk populations, such as pregnant women who smoke; or may be any who experience or perceive barriers to care. A part of assessing capacity and access is to identify those who are not receiving services and seeking out the reasons why.</p> <p>There is no required documentation. The health department is to provide information to show the process used to identify the populations specified. Examples given include submitting a report that specifies identified needs. This could come from some type of survey, analysis of secondary data, or the health assessment. The department could also submit information on the process used to identify these populations and who was involved in the process. While the measure does not specify that this must be a collaborative process, the group convened in 7.1.1 B can be the conduit for the work in 7.1.2 B and 7.1.3 B. The documentation should reflect the diversity of the partners. Such diversity shows effort to fully assess and seek out all potential populations who lack health care and experience barriers toservice.</p>		
Type of Measure Process Outcome	Type of Review Health Department Level	State	Local	Tribal

Domain 7: Promote strategies to improve access to healthcare services

Assess Healthcare Capacity and Access to Healthcare Services

Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
7.1.3 B: Identify gaps in access to healthcare services	<ul style="list-style-type: none"> Data from across the partnership (see 7.1.1) that includes any of the following: <ul style="list-style-type: none"> Assessment of capacity and distribution of healthcare workforce Availability of healthcare services such as clinical preventive services, EMS, emergency departments, urgent care, ambulatory care (primary and specialty), inpatient care, dental, behavioral health, and other services Results of periodic surveys of access, such as focus groups, studies of eligibles receiving 	<p>Now that services have been assessed and vulnerable populations identified, this data is used to identify the gaps in services. The gaps in access to service would be determined by looking at what is available in the community and matching that with the needs of vulnerable populations. The gaps can range from financial (lack of affordable services), programmatic (lack of dental providers) and cultural (lack of interpreters), among others.</p> <p>The required documentation is made up of two parts – data from the collaborative group who are working to identify gaps and the analysis of that data. The data presented must exhibit involvement across the partnership. This shows effort to capture all possible gaps that exist. Data may be contributed by all partners or may be discussed or evaluated by partners. By whatever means, the data should reflect that all partners were active participants. The data should include at least one of the three sub-bullets, but can contain all three or other information not cited.</p> <p>Data on the capacity and distribution of healthcare workforce can be used to show geographic gaps or that there is not enough personnel to meet identified needs. Data on the availability of healthcare services can be used to look at specific service needs. This can be useful in seeking support for a particular service, such as those listed. Finally, results of surveys regarding access can give the health department the citizen’s perspective on the gaps they experience or perceive.</p> <p>After the data has been collected, it must be analyzed. The type or depth of analysis is not specified, but should be sufficient to clearly identify gaps in service. The analysis may be done by the health department, by the collaboration, or by an outside organization or individual.</p> <p>The information gathered from this analysis will be used in Standard 7.2 B</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

	services and other assessment information <ul style="list-style-type: none"> Analysis of data identifying gaps in access 			
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

This standard is a natural progression from Standard 7.1 B. Standard 7.1 B directed health departments to assess capacity and access to healthcare services. This standard directs health departments to now consider the strategies needed to answer the assessment findings. Once the strategies that will be used are identified, then steps are to be taken to being the implementation of those strategies. Just as the measures in 7.1 B are linked, the measures in this standard follow a natural progression and work together to accomplish the intent of the standard.

Domain 7: Promote strategies to improve access to healthcare services

Implement Strategies to Improve Access to Healthcare Services

Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

Measure	Required Documentation	Interpretation and Guidance
7.2.1 B: Convene and/or participate in a collaborative process to establish strategies to improve access to	<ul style="list-style-type: none"> One example of coalitions/networks/councils (e.g. charters or rosters) working on collaborative processes 	This measure is very similar to 7.1.1 B. That measure calls for the health department's involvement in a collaborative process to assess healthcare availability will this measure calls for a collaborative process to establish strategies to improve access. The work done in this measure can be done in conjunction with 7.1.1 B and the same collaborative process/partnership can be used to establish the strategies.

DRAFT – DRAFT – DRAFT – DRAFT

healthcare services	<p>to reduce barriers to accessing healthcare services that are linked to gaps in access [See 7.1.3 above]</p> <ul style="list-style-type: none"> • Reports or meeting minutes of coalitions/networks with identified strategies to improve access to healthcare services 	<p>The documentation for this measure is required. The documentation demonstrates two elements – the group at work and the identification of the strategies that the group will use in its work.</p> <p>The department is to provide one example of a collaboration involving the health department and showing work on an effort to reduce barriers to access. This work should relate to the gaps identified in Measure 7.1.3. The documentation should demonstrate that the group is actively working to identify strategies and can include such things as a charter for the group or project, membership rosters, participant/attendance lists, meeting agendas and minutes, workgroup reports, work plans and white papers.</p> <p>Also the documentation must identify the strategies that will be used by the collaboration to work on improving access. This again can be through group reports or minutes.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

<p>Domain 7: Promote strategies to improve access to healthcare services</p> <p>Implement Strategies to Improve Access to Healthcare Services</p> <p>Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.</p>		
<p style="text-align: center;">Measure</p> <p>7.2.2 B: Implement and/or collaborate to implement</p>	<p style="text-align: center;">Required Documentation</p> <ul style="list-style-type: none"> • Two examples of active relationships with 	<p style="text-align: center;">Interpretation and Guidance</p> <p>For this measure, the health department must either itself implement the identified strategies from 7.2.1 or must work within a collaboration to implement strategies. The collaboration may be the same one that developed the strategies or may be a new group that was formed for the purpose of implementation. Also the implementation must be for the purpose of increasing</p>

DRAFT – DRAFT – DRAFT – DRAFT

<p>strategies to increase access to healthcare services, including linking individuals with needed services and/or establish systems of care in partnership with the community</p>	<p>community providers such as schools, health care providers, tribal programs and social services agencies, which include mechanisms to share information, , assist people in obtaining the services they need and optimize access. Some examples include:</p> <ul style="list-style-type: none"> ○ Memoranda of Understanding ○ Cooperative system of referral used by agency and community partners to assist people who experience barriers to obtaining needed health services ○ Documentation of outreach activities, case finding, case management, and activities to ensure that people can obtain the services they need ○ Assistance to eligible beneficiaries with application and enrollment in 	<p>access to healthcare services. This work must include the linking of individuals with identified needs (from the previous assessment) to services that are available and/or establish systems of care (including new services) with community or state partners.</p> <p>The required documentation calls for two examples of active relationships the health department has with community providers. After that are suggestions that can be used in the examples or the department can submit documentation on other relationships that exist. The relationship may be a new one created to implement strategies or may be a long-standing relationship. The key is that the relationship should be active. The relationship should also have a means to share information between partners, and have a purpose of assisting people in obtaining the services they need and optimizing access to lessen barriers for individuals to healthcare.</p> <p>Following is some examples of documentation that can demonstrate that the relationship meets the intent of this measure. Again, all of these are not necessary and none are required. The health department should select from its own resources the best examples to demonstrate conformity.</p> <ul style="list-style-type: none"> ○ Memoranda of Understanding may be signed between partners to list expectations, scope of work and timelines. ○ A system of referral between partners can be described that shows the methods used to assist people in obtaining healthcare services. ○ Documentation of various activities can be used to show how the strategies being used are implemented as can enrollment data in other medical assistance programs. This would include the process used to link eligible individuals to possible benefits. ○ Coordination between programs and appropriate sharing of information can optimize access by linking individuals in one program with needed services provided in another program. ○ Grant applications with the stated purpose to implement strategies to increase access to healthcare services can demonstrate the measure. ○ Delivery of new services or contracts in the community to deliver healthcare services also demonstrate implementation. ○ Program or work plans, reports, and other documents that show how strategies have been implemented can be used to meet this measure.
--	---	--

DRAFT – DRAFT – DRAFT – DRAFT

	<p>Medicaid, or other medical assistance programs</p> <ul style="list-style-type: none"> ○ Service program coordination (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access ○ Grant applications submitted by community partnerships ○ Subcontracts in the community to deliver healthcare services ○ Program/work plans that document strategies have been implemented 	<div> <div>State</div> <div>Local</div> <div>Tribal</div> </div>		
Type of Measure Process	Type of Review <i>Health Department Level</i>			

Domain 7: Promote strategies to improve access to healthcare services

Implement Strategies to Improve Access to Healthcare Services

DRAFT – DRAFT – DRAFT – DRAFT

Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.			
Measure	Examples of Documentation	Interpretation and Guidance	
7.2.3 B: Lead or collaborate in culturally competent initiatives to increase healthcare access for underserved and at-risk populations	<ul style="list-style-type: none"> Examples of interventions delivered in a culturally competent manner, such as use of lay health advocates indigenous to targeted population groups Documentation (such as staff resumes or attendance at training session for cultural competency) that agency staff with appropriate language and cultural competency skills work to gain trust and develop rapport with targeted population groups 	<p>While the health department has assessed for vulnerable populations, one component to consider is the cultural aspects of those individuals. The health department can either lead this effort or be a partner. This measure seeks to have culturally competent initiatives in consideration as strategies are implemented to increase access to care. This means that as underserved or at-risk populations are identified, the collaboration also take into consideration the aspects of the culture of the group, so that the strategies identified will be effective. This will include having diversity among the community partners representing communities of color, tribal communities, and other specific populations identified in the assessment from Measure 7.1.2 B. These partners would offer valuable knowledge in planning and implementing programs intended to reach a targeted population group.</p> <p>There is no required documentation. There are two types of examples given. One is to produce documentation showing how implementation of strategies was done in a culturally competent manner. The other example is to show how the health department is improving or training to increase its own ability to be culturally competent in the delivery of services and in the interaction with target audiences.</p>	
		State	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>		

Domain 8: Maintain a competent public health workforce

Having a competent workforce is one of the pillars of the public health infrastructure. The workforce should be well trained, receive continuing education as needed, be well-versed in the expectations and duties of the positions they fill, reflect the diversity of the citizens served and regularly evaluated to note opportunities for individual improvement and development. These standards and measures assess the agencies ability to develop and maintain a competent and qualified workforce to carry out the many responsibilities of a public health agency.

Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

To have a competent workforce, the agency must have clearly defined policies and processes to recruit staff, to make hiring decisions and then to keep staff within the agency.

Domain 8: Maintain a competent public health workforce

Maintain a Qualified Public Health Workforce

Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Measure	Required Documentation	Interpretation and Guidance
8.1.1 B: Apply recruitment and retention policies and make policies available to staff	<ul style="list-style-type: none">Two examples of recruitment of qualified and diverse staff that reflects the population being served (e.g. job postings and position descriptions specify needed	<p>This measure requires that the health department have and follow recruitment and retention policies. This may be one policy or may be two separate policies. It may apply specifically to the health department or may be part of a larger set of personnel guidelines, such as for all agencies of a county, tribe or state government. The health department must assure, in whatever format, the availability of these policies to staff.</p> <p>The required documentation required eight pieces of documentation. Two examples of the health department having recruited staff who are qualified and diverse. The concept of qualified is that the person has the skills and education to fulfill the duties of the position. The job description and posting should specify the level of skills, training, experience and education that</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>competencies, educational and experience requirements)</p> <ul style="list-style-type: none"> • Two examples of conducting retention activities of qualified and diverse staff (e.g. employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, supervisor mentoring programs) • Two examples of how policies are made available to staff such as intranet, policy manual, or review of policies as part of orientation • One example of how recruitment efforts are designed to promote diversity • One example of succession planning for critical positions <p>Examples of</p>	<p>the applicant should possess to qualify for the position. The concept of diversity is to have the composition of the staff reflect the citizens who makeup the constituency of the health department. This may be through efforts to recruit staff to have a mix of gender, race and ethnicity, age, geographic representation, etc. to characterize the jurisdiction. Note that is examples of recruitment and notes the efforts of the health department, not the success or failure to achieve the desired applicant pool. The health department must provide two examples of activities to retain staff once hired. The focus here is again on staff that is qualified and diverse. Several examples are given of the type of activities that are acceptable to submit as documentation.</p> <p>The health department should provide two examples of how recruitment and retention policies are made available to staff. This can be through an health department intranet or web site, in a policy manual – either hard copy or electronic, email/listserve, staff meeting or employee orientation.</p> <p>The health department should submit an example of how recruitment is designed to promote diversity. This may be stated in the policy or in a position statement. How recruitment of staff is to promote diversity in the health department may be defined in an health department plan such as strategic plan, quality improvement plan or a workforce development plan. The health department should also provide an example of succession planning for the health department’s critical positions. This could be a separate plan or policy or may be incorporated into other policies or plans. The health department will define which positions are critical. The example should relate back to the standard of having qualified and diverse members of staff considered critical to the health department’s operations.</p> <p>An example of documentation that may be submitted to strengthen the documentation submitted for this measure is data and/or analysis showing how recruitment actions have helped in having a qualified and diverse workforce.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> State Local Tribal </div>
--	--	--

DRAFT – DRAFT – DRAFT – DRAFT

	Documentation <ul style="list-style-type: none"> • Data and analysis of recruitment actions (e.g. percent of minority staff, percent of vacancies filled in timely manner) • Data and analysis of retention actions (e.g. turnover rate for last three years) 			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 8: Maintain a competent public health workforce

Maintain a Qualified Public Health Workforce

Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Measure	Required Documentation	Interpretation and Guidance
8.1.2 B Assure that position descriptions are available to staff	<ul style="list-style-type: none"> • Demonstrate that position descriptions are available to staff • Documentation of review of job duties and responsibilities with new staff (within last two years) 	<p>For employees to be competent in their duties and responsibilities, they must know what is expected of them. All positions should have a position description that defines the duties of the position, the responsibilities of the person in the position and the qualifications that the person should have to be in the position. A position description, which may also be called a job description, can either be a general document that would apply to anyone who is in the position or it can be specific to the individual who is in the position. The position description may also include any specified job standards that would indicate that an employee has properly performed the essential functions of the position.</p> <p>The documentation for this measure is required. The health department must demonstrate that job and position descriptions are available to staff. This may be through hard copy access, distribution of hard copy, electronic access through a server or intranet or posting on a website.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		The health department must document that it has reviewed the specific job duties and responsibilities of a position with a new staff member who fills the position. This must be documented for all new staff from the past two years.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i>			

Domain 8: Maintain a competent public health workforce		
Maintain a Qualified Public Health Workforce Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.		
Measure	Required Documentation	Interpretation and Guidance
8.1.3 B: Confirm that staff meet qualifications for their positions, job classifications and licensure	<ul style="list-style-type: none"> • Description of process to verify staff qualifications • Evidence that qualifications have been checked for all staff hired in last two years (e.g. logs or 	<p>The intent of this measure is that health departments have stated the qualifications, including core competencies, necessary for each position and verify staff compliance with these qualifications.</p> <p>The documentation for this measure is required. The health department should provide a description of the process used to verify staff qualifications. This may be defined in policy, may be in personnel guidelines from a human resources system or a central administrative unit, such as a civil service system or guidelines used by all county/state agencies, or may be a separate process defined and used by the health department. This may include reference checks,</p>

DRAFT – DRAFT – DRAFT – DRAFT

	spreadsheets or other evidence showing verification of licensure or certification; education and/or degrees, required core competencies, prior public health experience)	<p>confirmation of transcripts with the issuing academic institution, confirmation of any registration or license with the issuing institution, or other check of the credentials provided by the staff member.</p> <p>The health department must also document that it checked the qualifications of all applicants who have been hired. This must be documented for all new staff from the past two years. The format of the documentation is defined by the health department and can include a log or spreadsheet, or a template or form used by the health department. It may also be through evidence from a county or state personnel office demonstrating that the person is qualified to be in the position.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Sample of Programs</i>			

Domain 8: Maintain a competent public health workforce		
Maintain a Qualified Public Health Workforce Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.		
Measure	Required Documentation	Interpretation and Guidance
8.1.4 B: Establish relationships and/or collaborate with	<ul style="list-style-type: none"> One example of partnership or 	Working with schools of public health and/or other related academic programs, such as nursing, health promotion or environmental health, is a means to promote public health as a career choice, include your health department as a choice for employment, and opens up new methods

DRAFT – DRAFT – DRAFT – DRAFT

<p>schools of public health and/or other related academic programs to promote the development of qualified workers for public health</p>	<p>collaboration with educational organization with evidence of strategies for promoting public health as a career or of training in public health fields, such as:</p> <ul style="list-style-type: none"> ○ Practicum, student placements/academic service learning, and/or internship opportunities ○ Involvement in joint programs ○ Faculty positions or guest lectures ○ Participation in high school, college and/or job/career fairs 	<p>to recruit. These relationships offers public health agencies way to develop qualified workers. It may be a way to recruit diversity to the health department. Collaboration with schools can open up paths for internships and other ways to expose students or new graduates to public health.</p> <p>The required documentation for this measure is to provide one example of a partnership or collaboration with an educational organization. The documentation should show strategies for promoting public health careers or offering training in public health. Examples given include offering training through the health department, health department staff serving as faculty at an academic institution or providing lectures or presentations on public health, job fairs where the health department is recruiting for health department positions or into public health careers. The health department could also be involved in a joint program with an educational organization to provide internships, hire for a position, provide scholarships, etc.</p> <div style="display: flex; justify-content: space-around; font-weight: bold;"> State Local Tribal </div>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>			

DRAFT – DRAFT – DRAFT – DRAFT

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Staff should be regularly evaluated to note accomplishments and areas that need improvement. While this may be needed to address performance issues, it should not be a punitive process but one that is to identify needs in training or education for the employee. This can provide workforce development guidance for the individual and may point out gaps for the entire agency.

Domain 8: Maintain a competent public health workforce

Maintain a Competent Public Health Workforce

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Required Documentation	Interpretation and Guidance
8.2.1 B: Complete performance evaluations and develop improvement/training plans	<ul style="list-style-type: none">• Policy for conducting employee evaluations• Template/form for performance evaluations with improvement/training objectives• Report on percent of eligible employees (employed longer than 12 months) with performance evaluations and	<p>One element in assuring a competent workforce is to evaluate employees and assess needs for training and improvement to help staff develop the skills and experience needed to perform their duties. The intent of this measure is for the health department to have an employee performance review or evaluation system defined by policy and that the process defines a method for the employee to develop an individual work plan for improvement and training.</p> <p>The documentation that is to be submitted is required and is composed of three parts. The health department should submit the policy or protocol for how the health department conducts the employee evaluation process. This may be a policy specific to the health department or may apply to a larger group of agencies, such as the county or state. It may be a stand alone policy or may be part of a larger personnel policy covering multiple aspects of the agencies human resource actions. There is no timeline specified for the evaluation process (i.e. annually), but is to be defined by the health department and specified in policy.</p> <p>The health department is also to submit the template, guide or form used when conducting employee evaluations. The documentation must include a component that demonstrates</p>

DRAFT – DRAFT – DRAFT – DRAFT

	improvement/training objectives updated annually or as required by agency policy	<p>employee improvement and/or training. This process should be included in the policy. The template, guide or form should have a section that will list the improvement or training objectives specific to the employee being evaluated. The template should also incorporate job standards for the position in the evaluation. Job standards generally will describe the results that will indicate that an employee has properly performed the essential functions of the position. Job standards define performance for the individual, or for all individuals in the same position classification, in a measurable way. Evaluating whether an individual is performing as expected, and how to improve performance, is at the heart of an employee performance system. The template should demonstrate how the department accomplishes this.</p> <p>The final document to be submitted is a report showing analysis of the improvement and training objectives of employees. This report is of employees who have been employed longer than twelve months (and thus assumed to have had an evaluation). All employees with evaluations will improvement and training objectives. While there is no specified timeline for the evaluation, the objectives are to be updated annually or on a time line specified by the employee evaluation policy. The report should include the percentage of eligible employees with updated objectives as compared to the total number of eligible employees.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Sample of Programs</i>			

Domain 8: Maintain a competent public health workforce

Maintain a Competent Public Health Workforce

DRAFT – DRAFT – DRAFT – DRAFT

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.		
Measure	Required Documentation	Interpretation and Guidance
8.2.2 B: Implement an agency workforce development plan that addresses the training needs of the staff and the development of core competencies	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Agency workforce development plan that includes: <ul style="list-style-type: none"> ○ Nationally adopted core competencies, such as Core Competencies for Public Health Professionals from Council on Linkages or other set of competencies ○ Use of results from agency customer satisfaction studies (See Standard 9.1) ○ Description of the overall work of the agency and how various functions contribute to that work ○ Curricula and training 	<p>While measure 8.2.1 B looked at individual development, this measure takes a health department approach and requires the health department to implement a workforce development plan that does two things. The plan must address – identify and respond to - the training needs of the staff and it must provide a means to develop core competencies of staff. The plan may specify training needs and competencies based on disciplines (nursing, environmental health), by programs (WIC, Family Planning), or other means defined by the health department. The plan should define how this can be done for individuals, but the overall focus is on staff development for the health department.</p> <p>There is no required documentation that must be submitted for this measure. Examples of documentation would be to submit the health department’s workforce development plan along with examples of how the plan has been implemented. Other documentation could be tools used to assess staff needs and the assessment results showing training needs and core competency levels of staff.</p> <p>If a workforce development plan is submitted, it should include core competencies that are accepted nationally. One example is the Core Competencies for Public Health Professionals from Council on Linkages that can be found at http://www.phf.org/link/competenciesinformation.htm Once training needs have been identified, the course of work should be defined, including any set curricula, for staff in general and for use by individuals as indicated.</p> <p>The plan should reflect the use customer satisfaction surveys and studies to inform training and development of competencies for the staff. The plan should contain a brief explanation of how health department functions - processes, projects and interventions - contribute to the work of the health department. This can provide a basis for linking training objectives and core competency needs back to the work of the health department.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	schedules <ul style="list-style-type: none"> Two examples of implementing the agency workforce development plan (e.g. training curricula to address gap, staff attendance at state or national conferences) 	State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 8: Maintain a competent public health workforce

Maintain a Competent Public Health Workforce

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Required Documentation	Interpretation and Guidance
8.2.3 Make provisions for leadership and management development activities	Examples of Documentation <ul style="list-style-type: none"> Documented training activities in the past two years, with content and attendance list Documented participation in courses such as : <ul style="list-style-type: none"> National Public 	<p>All organizations need strong and competent leadership and should have a process defined for developing current and future leaders. This measure requires that the health department have activities available for the leaders of the health department. The activities could include education assistance, continuing education, support for membership professional organizations, and training opportunities.</p> <p>There is no required documentation for this measure. The health department is to submit evidence it determines will best demonstrate the measure of availability of leadership development activities. Examples include a listing of training activities provided during the past two years, with content defined – agenda, training materials, etc. – and an attendance list showing employees who participated. Another example is to show health department</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<p>Health Leadership Institute</p> <ul style="list-style-type: none"> ○ Environmental Public Health Leadership Institute ○ Regional, state or local public health leadership institutes ○ Executive management seminars or programs ○ Graduate programs in leadership/management ● An example of succession planning for critical positions 	<p>participation in courses, classes or certificate programs such as leadership institutes or executive education.</p> <p>An example of succession planning for critical positions that was required under 8.1.1 B can also be used here to show how the health department is developing leaders within the health department.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 8: Maintain a competent public health workforce

Maintain a Competent Public Health Workforce

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

DRAFT – DRAFT – DRAFT – DRAFT

Measure	Required Documentation	Interpretation and Guidance		
8.2.4 S: Provide consultation and technical assistance to LHDs regarding evidence-based and/or promising practices in the development of workforce capacity, training and continuing education	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of requests and what was provided • Documentation of communications, meetings, trainings; emails 	<p>There will be instances when a local health department will need assistance from the state health department to develop capacity in building a competent workforce and in providing the training needed by that workforce. This measure requires the state health department to provide assistance to local agencies in their workforce development processes. Here the intent of the measure is two fold – for the state to provide consultation and technical assistance as requested and to share evidence-based and/or promising practices in developing and training a competent public health workforce.</p> <p>There are two pieces of required documentation. One is to provide documentation of requests for assistance and to show evidence of what was provided in return. The other piece is to submit documentation of information shared with LHDS. The means for delivery for both of these may be through a variety of methods including email, phone calls, documents/materials, site-visits, meetings, training sessions and web postings.</p>		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Measure	Examples of Documentation	Interpretation and Guidance
9.1.1 B: Engage governing entity in establishing agency policy direction regarding a performance management system	<ul style="list-style-type: none">Documentation of governing entity policy direction (e.g., meeting packets and minutes)	<p>This measure is focused on governing entity activities. The governing entity should be a leading force in advocating for performance management in the agency. This measure assesses how the department has engaged its governing entity in the directing agency policy regarding the establishment of a performance management system for the department. Performance management encompasses all aspects of quality improvement in the agency to improve the public's health.</p> <p>For local health departments, governing entities could be a board of health, board of county commissioners, or a human services board among others. For state health departments, the governing entity may be a board of health or the governor's office among others. If there is no governing entity with direct authority over the department or who holds authority to appoint the director, the agency may choose to demonstrate another key partner or stakeholder who can help the agency determine its direction in performance improvement.</p> <p>There is no required documentation for this measure. The department should submit documentation that demonstrates governing entity involvement in setting a policy direction for performance improvement for the agency. This can be shown through meeting agendas, packets, materials and minutes; draft policies or plans discussed by the governing entity, and presentations to the governing entity.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Measure	Examples of Documentation	Interpretation and Guidance
9.1.2 B: Establish agency policy and capacity to implement a performance management system	<ul style="list-style-type: none"> Relevant agency policies and proof of updates Documented staff availability and/or involvement to support evaluation of agency performance and quality improvement (e.g., access to or assignment of staff with knowledge and skill in evaluation methodologies and tools and in quality improvement) 	<p>This measure calls for the health department to establish a performance management system policy and build department capacity to implement such a system. This measure focuses on the department's administrative capacity to support performance management. This measure is a companion to 9.1.1 B which calls for governing entity support for performance management. Both the governing entity and the department leadership should work jointly to promote and implement a system of performance management.</p> <p>There is no required documentation. Three examples are cited that are to guide the department in selecting documentation. The documentation should reflect how the department has established policy, built capacity or implemented performance management. The policy adopted by the department can be submitted. Include any updates to the policy and documentation showing implementation. Records that show staff involvement with performance management can be submitted. Training of specified staff in quality methods can demonstrate capacity. Evidence of a department quality team, including a charter, agendas, minutes, reports and protocols can be used to demonstrate the measure.</p>

DRAFT – DRAFT – DRAFT – DRAFT

	methodologies and tools) <ul style="list-style-type: none"> Quality Improvement Committee charter, minutes 	<div>State</div> <div>Local</div> <div>Tribal</div>		
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Measure	Required Documentation	Interpretation and Guidance		
9.1.3 B: Establish goals, objectives and performance measures for processes, programs and interventions	<ul style="list-style-type: none"> Two examples of goals, objectives and related quantifiable performance measures with time-framed targets for a process, program, or intervention 	<p>Once the department has established policy and capacity for performance management, the next step is to set the goals, objectives and performance measures that the agency will use to begin its quality improvement work. The goals, objectives and measures are for processes, programs and interventions, that is, any function or activity that happens within the department. The intent of this measure is that key processes and all programs and interventions of the agency (whether delivered directly, delegated or contracted) have goals, objectives, and quantifiable performance measures, including process and/or health outcomes</p> <p>The required documentation of this measure is to submit the goals, objectives and measures that have been established. The department is to submit two examples of goals, objectives and measures with time-framed targets. The documentation is for a sample of programs. The department should select a number of programs that represent the overall group of goals, objectives and measures. From each program, select two examples to submit.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Capacity</i>	Type of Review <i>Sample of Programs</i> <i>(two examples per</i> <i>selected number of</i> <i>programs)</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Measure	Required Documentation	Interpretation and Guidance		
9.1.4 B: Monitor performance measures for processes, programs and interventions	<ul style="list-style-type: none"> For the two examples in 9.1.3 B, documentation of monitoring actual performance (e.g., data reports, statistical summaries, graphical presentations of performance on the measures) 	<p>This measure represents the next step in the process. After establishing goals, objectives and measures and beginning the work of meeting the targets, comes monitoring the performance measures for progress. The intent of this measure is that key processes and all programs and interventions of the agency have quantifiable performance measures that are monitored.</p> <p>The documentation is required for this measure and directly relates to the documentation submitted in 9.1.3 B. For each of the two examples for all programs submitted in 9.1.3 B, provide evidence that monitoring of actual performance has been done. This can be done by data reports – showing analysis or progress on meeting measures, monitoring logs; statistical summaries, graphical presentations of performance on the measures, meeting minutes from a quality team, and/or use of a standardized progress report/tracking form.</p> <p>Note: This measure is Not Applicable if measure 9.1.3 B is not met. This means that if measure 9.1.3 B is not demonstrated by the department, then this measure is also not demonstrated since 9.1.4 B is dependent upon measure 9.1.3 B having been completed.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i>	Type of Review <i>Sample of Programs</i> <i>(two examples per program)</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions				
Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions				
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.				
Measure	Required Documentation	Interpretation and Guidance		
9.1.5 B: Evaluate the effectiveness of processes, programs, and interventions and identify needs for improvement	<ul style="list-style-type: none"> For the two examples in 9.1.3 B, documentation of analysis of goals, objectives, actual performance on measures compared to time-framed targets, and use of quality improvement tools (e.g., root cause analysis) to identify areas for improvement 	<p>Another step in the performance management process is to evaluate the effectiveness of department processes and programs and to identify areas for improvement. The intent of this measure is that key processes and all programs and interventions of the agency are evaluated and monitoring data from 9.1.4 B is used to identify areas and methods for improvement.</p> <p>The documentation is required for this measure and directly relates to the documentation submitted in 9.1.3 B & 9.1.4 B. For each of the two examples for all programs submitted in 9.1.3 B, provide evidence that the department has conducted an analysis of the goals and objectives, and has analyzed actual performance on measures related to the stated time-frames of the targets. The other required element is to document use of quality improvement tools to identify areas for improvement within the department. Some of the required analysis for this measure may be conducted as a part of 9.1.4 B. The link for this measure is to show how the monitoring and analysis of performance measures was used to evaluate the effectiveness of department work.</p> <p>Note: This measure is Not Applicable if measure 9.1.3 B is not met. This means that if measure 9.1.3 B is not demonstrated by the department, then this measure is also not demonstrated since 9.1.5 B is dependent upon measure 9.1.3 B having been completed.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process Outcome</i> (may include <i>Health Outcomes</i>)	Type of Review <i>Sample of Programs</i> (two examples per program)			

Domain 9: Evaluate and continuously improve processes, programs, and interventions		
Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions		
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.		
Measure	Required Documentation	Interpretation and Guidance
9.1.6 B: Implement a systematic process for assessing and improving customers' satisfaction with agency services	<ul style="list-style-type: none"> Description of types of customers (e.g., vital statistics customers, restaurant operators, individuals receiving immunizations or other services) and specific processes and templates used for collecting feedback and evaluating results Two examples of results of collecting and analyzing customer satisfaction data Documentation of 	<p>A component of evaluating and improving department processes and programs including collecting input from the customers that use those services. This measure requires that the department have and implement a process for assessing customers' satisfaction and, based on that feedback, improving agency services.</p> <p>There are three components to the required documentation for this measure – defining the department's customers, collecting and analyzing customer feedback, and making improvements based on the feedback.</p> <p>The department should define the types or groups of customers who are customers of the department. To some degree, all citizens are customers of the health department, but this list should be of customers who directly receive or use department services. Examples are vital records or statistics customers, restaurant operators, individuals receiving immunizations, family planning customers or WIC clients. This is for services provided by the department and does not have to be for public health services that are provided by contract or by another agency. After the customer types have been defined, the agency should describe the process and template or form used to survey the customer and to evaluate or collate the results. Then the department is to submit two examples of customer satisfaction reports that include the results of the</p>

DRAFT – DRAFT – DRAFT – DRAFT

	how these examples were used for improvement	feedback and the analysis of those results. Finally the department should provide evidence of how the results were used to improve department services or processes.		
		State	Local	Tribal
Type of Measure <i>Process Outcome</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions		
Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions		
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.		
Measure	Examples of Documentation	Interpretation and Guidance
9.1.7 L: Require staff participation in evaluation methods and tools training	<ul style="list-style-type: none"> Documentation of evaluation training, attendance rosters 	<p>For the department to be effective in establishing, implementing and maintaining a performance improvement system, the staff must be trained in the methods and tools used in such a system. This measure for local health departments, requires that the staff be training in the evaluation methods and tools needed to monitor and analyze the objectives and measures selected by the agency to guide its quality improvement work.</p> <p>There is no required documentation for this measure, however the department should demonstrate that staff participated in training. One way is to provide evidence of evaluation training, presentations, training materials and attendance rosters of those participating in training. While all staff should have knowledge about the performance improvement plans for the department, not all staff are required to have training in evaluation methods and tools. At a minimum, only staff who will directly be working on performance measure analysis and monitoring, or serving on a quality team that oversees the department's system, will have to be trained. The training can be provided by the department or an external presenter. Measure 9.1.7 S requires that the state health agency help with providing this training for the local department.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions		
Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions		
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.		
Measure	Examples of Documentation	Interpretation and Guidance
9.1.7 S: Provide training and technical assistance regarding evaluation methods and tools to SHA and LHD staff	<ul style="list-style-type: none"> Documentation of evaluation training, attendance rosters Documentation of availability of staff with evaluation skills for technical assistance 	<p>Measure 9.1.7L requires local health departments to have staff participate in evaluation methods and tools training to build capacity within the local performance management system. This measure requires that the state provide the training and technical assistance needed regarding evaluation methods and tools to both the state level and local level staff. The training and technical assistance must be provided to the state and local staff by the state health agency. The training can be provided on an “as requested” basis or can be offered as scheduled workshops. Training can be delivered by any number of methods, including face-to-face sessions, webinar, individual study, hard copy or on-line. Technical assistance should be made available and may be given on a “as requested” basis. The training or technical assistance does not have to be used by local departments, but must be made available and the state health agency must respond to any request for help. This same expertise must be made to staff of the state health agency as well and can be provided on a schedule or as requested.</p> <p>There is no required documentation for this measure. Examples used must demonstrate how the state has made training and technical assistance available and how it has responded to requests for assistance. The department can submit records training sessions on evaluation methods and</p>

DRAFT – DRAFT – DRAFT – DRAFT

		tools including list of participants. Another example is to provide evidence of staff with evaluation skills for technical assistance and how they are made available to SHA and LHD staff. This can be done by posting contact information on a web site, email notification, flyer or brochure distribution, presentation or publicity of this service availability.		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Standards 9.1 and 9.2 in this domain are complimentary and each build upon the work of the other. The measures in this standard are similar to those found in the first standard. The performance management concepts used by the first standard are the means to evaluate practices and services to improve the public's health. The second standard implements quality improvement to integrate staff training and experience, organizational structures, processes, services, activities and outcomes to the results of evaluation and data analysis. The purpose is to instill a high level of quality found throughout an organization.

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Implement Quality Improvement

Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Measure	Required Documentation	Interpretation and Guidance
9.2.1 B: Establish a quality improvement	<ul style="list-style-type: none"> Quality Improvement 	A Quality Improvement Plan is a document that will specify what areas of operations need improvement and will define the processes that will be used to work toward improvement. This measure requires the department to establish a quality improvement plan. This plan is to be

DRAFT – DRAFT – DRAFT – DRAFT

<p>plan based on organizational policies and direction</p>	<p>Plan that includes the following components:</p> <ul style="list-style-type: none"> ○ Purpose and scope of quality improvement activities ○ Goals and objectives with quantifiable and time-framed measures ○ Responsible person(s) for each objective ○ Description of quality improvement projects ○ Description of process to evaluate the effectiveness of quality improvement activities <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> ● Documentation of implementation of the quality improvement plan 	<p>developed using and guided by the department’s policies and direction. The direction of the department can be found through its mission and vision statements, by its strategic plan, by its Health Improvement Plan and by the documentation of Standard 9.1 B, specifically measure 9.1.1 B.</p> <p>The documentation is required for this measure. The department must have a quality improvement plan that incorporates the five components listed. The purpose and scope will detail the reasons behind the plan and will detail the areas of focus. The goals and objectives will quantify the activities of the plan and will define the measures to be achieved. For each objective in the plan, the person responsible for completing the work associated with the tasks listed. This may be one person, a team, or a variety of individuals assigned to specified objectives. After defining the objectives, the tasks or projects associated with each objective must be identified. These projects, when completed, will achieve the objective and lead to quality improvement in the department. Finally, an evaluation process must be included to assess how the department is doing in achieving both the objectives and quality improvements.</p> <p>Other possible documents are given as examples. These are not required but may be submitted to help demonstrate conformity with the measure. These examples show how the plan has been implemented and results that have been obtained.</p> <p>Note: See Glossary for definitions of and relationships among Strategic Plans, Health Improvement Plans and Quality Improvement Plans.</p> <p>Opportunities for evaluation and improvement can be identified through:</p> <ul style="list-style-type: none"> ● Analysis of health data/health indicators ● Program evaluations including surveillance functions ● AARs ● Planning processes, See Standard 5.2, Standard 5.3 and Standard 5.4 <div style="display: flex; justify-content: space-around; margin-top: 20px;"> State Local Tribal </div>
--	--	--

DRAFT – DRAFT – DRAFT – DRAFT

	such as quality improvement project reports or reports of progress <ul style="list-style-type: none"> Annual evaluation and revision of the quality improvement plan 			
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions				
Implement Quality Improvement Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.				
Measure	Examples of Documentation	Interpretation and Guidance		
9.2.2 B: Implement quality improvement efforts	<ul style="list-style-type: none"> Two examples of implementing quality improvement (e.g., quality improvement project work plan, evidence of improvement actions and follow up monitoring) 	<p>Once the quality improvement plan has been established, it is time to execute the plan and begin to implement the quality improvement efforts defined in the plan.</p> <p>There is no required documentation for this measure. The department should find the best examples available to demonstrate how it has implemented its plan. As an example, the department could provide two examples of how it is implementing quality improvement in the agency. This could be a project work plan designed to achieve plan objectives and evidence of action and follow up. The agency can submit any documentation showing the plan being used, actions taken, evaluation and improvement practices that resulted from the plan.</p>		
		State	Local	Tribal

DRAFT – DRAFT – DRAFT – DRAFT

Type of Measure <i>Process</i> <i>(may include</i> <i>Health Outcomes)</i>	Type of Review <i>Health Department</i> <i>Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Implement Quality Improvement

Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Measure	Examples of Documentation	Interpretation and Guidance
9.2.3 L: Demonstrate staff participation in quality improvement methods and tools training	<ul style="list-style-type: none"> Documentation of QI training, attendance rosters Documentation of the availability of quality improvement expertise for technical assistance. 	<p>This measure is the equivalent of measure 9.1.7 L. Just as training was important for the department to be effective in its performance improvement system, training is important for the department to establish, implement and maintain a quality improvement plan. This measure, for local health departments, requires that the staff be training in quality improvement methods and tools needed to implement and complete its quality improvement work. Here the department must provide evidence of staff participation in training.</p> <p>There is no required documentation for this measure, however the department should demonstrate that staff participated in training. One way is to provide evidence of QI training, including presentations, training materials and attendance rosters of those participating in training. While all staff should have knowledge about the quality improvement plan for the department, not all staff are required to have training in QI methods and tools. At a minimum, staff that will directly implement the QI Plan, will be working on QI projects, or will be serving on a quality team that oversees the department's QI efforts, will have to be trained. The training can be provided by the department or an external presenter. Other documentation can be to show that the expertise needed for training and for technical assistance to the department needed to help with QI projects is available. This expertise can be internal or external to the department. Measure 9.2.3 S requires that the state health agency help with providing the required training for the local department. The state is also to provide technical assistance when needed.</p>

DRAFT – DRAFT – DRAFT – DRAFT

		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 9: Evaluate and continuously improve processes, programs, and interventions		
Implement Quality Improvement Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.		
Measure	Examples of Documentation	Interpretation and Guidance
9.2.3 S: Provide training and technical assistance regarding quality improvement methods and tools to SHA and LHD staff	<ul style="list-style-type: none"> Documentation of quality improvement training, attendance rosters Documentation of availability of staff with quality improvement skills for technical assistance 	<p>Measure 9.2.3L requires local health departments to have staff participate in quality improvement methods and tools training to assist with the implementation of the department's QI plan. This measure requires that the state provide the training and technical assistance needed regarding QI methods and tools to both the state level and local level staff. The training and technical assistance must be provided to the state and local staff by the state health agency. The training can be provided on an "as requested" basis or can be offered as scheduled workshops. Training can be delivered by any number of methods, including face-to-face sessions, webinar, individual study, hard copy or on-line. Technical assistance should be made available and may be given on a "as requested" basis. The training or technical assistance does not have to be used by local departments, but must be made available and the state health agency must respond to any request for help. This same expertise must be made to staff of the state health agency as well and can be provided on a schedule or as requested.</p> <p>There is no required documentation for this measure. Examples used must demonstrate how the state has made training and technical assistance available and how it has responded to requests</p>

DRAFT – DRAFT – DRAFT – DRAFT

		for assistance. The department can submit records training sessions on QI methods and tools including a list of participants. Another example is to provide evidence of staff who have quality improvement skills and who will be able to provide technical assistance and how they are made available to SHA and LHD staff. This can be done by posting contact information on a web site, email notification, flyer or brochure distribution, presentation or publicity of this service availability.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 10: Contribute to and apply the evidence base of public health

One of the goals of accreditation is to influence and improve the science of public health. This domain seeks to include evidence based practices in our work while allowing for innovation and creativity by seeking out promising practices – those practices that have the potential to become evidence based over time.

Standard 10.1 B: Identify and use evidence-based and promising practices.

Using evidence based practice is the accepted, if not expected, way of planning and implementing public health programs today. By using evidence based practices, we seek to assure that research supports the approach taken, rather than assume that the approach being used is best. With technological access to information, all public health workers today have access to a myriad of information. Here the emphasis is on using that information to identify and assess the effectiveness of a program or practice before implementation.

Domain 10: Contribute to and apply the evidence base of public health

Identify and Use Evidence-Based and Promising Practices

Standard 10.1 B: Identify and use evidence-based and promising practices.

Measure	Required Documentation	Interpretation and Guidance
10.1.1 B: Review and use applicable evidence-based and/or promising practices when implementing new or improved processes, programs or interventions	<ul style="list-style-type: none">Two examples from within the past three years of review and use of evidence-based or promising practices, including:<ul style="list-style-type: none">Source of EBP or promising practiceDescription of how EBP or promising practice	<p>This measure seeks to see how a health department is identifying and reviewing public health practices and then using that information to implement a new or to revise a current process, program or intervention. Practices can be evidence based, having some scientific or literary acceptance, or can be promising, having potential for success but yet to have scientific proof.</p> <p>The required documentation asked for two examples of both reviewing and using one of the two practices. The documentation should list the practice being submitted as evidence, the source of the practice, a description of the review process used to evaluate the practice, and how the practice was implemented in the health department.</p> <p>Include in the documentation information about possible practices or approaches identified and how the department reviewed. The source of the practice could be the result of an information search (web, library, literary review, etc.) or could result from interaction with consultants, academic faculty, researchers, among others. Also include an explanation of how the practice</p>

DRAFT – DRAFT – DRAFT – DRAFT

	was implemented in agency processes, programs and interventions	was implemented in the department's work or activities. Define whether a new program was implemented or if there were changes to existing programs that were made after the evaluation or review of practices had been conducted.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Domain 10: Contribute to and apply the evidence base of public health		
Identify and Use Evidence-Based and Promising Practices		
Standard 10.1 B: Identify and use evidence-based and promising practices.		
Measure	Required Documentation	Interpretation and Guidance
10.1.2 S: Foster innovation in practice and research	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Publications, presentations • Workgroup minutes • Relationships with academic institutions, research centers/institutes • Participation in practice-based 	<p>A role for the state health department is to encourage innovation in public health practice and public health research. The innovation can be supported at both the state and local levels.</p> <p>There is no required documentation for this measure. One examples of documentation that could be used to demonstrate conformity include documenting any publications or presentations done that show the state health department's involvement, support or sponsorship of research of public health practice or development of practice innovations. This measure links back to the standard's inclusion of both evidence-based and promising practices.</p> <p>Other examples include minutes from workgroups involved with research or practice, demonstrating relationships with academic institutions, research centers and institutes in support of research, participation in a practice-based research network either with other states,</p>

DRAFT – DRAFT – DRAFT – DRAFT

	<ul style="list-style-type: none"> research networks IRB documentation showing participation in research (e.g., minutes, submission documentation) 	institutions or within the state with a partnership between the state health department, academia and/or local public health. A final document can be any Institutional Review Board documentation, either internal to the state or from academia, showing participation in research.		
		State	Local	Tribal
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>			

Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Many times, there is a lack of understanding between practice and research in public health and with the public in general. A role for our public health departments to help bridge that lack of understanding and recognize the important relationship between the two. This standard seeks to have public health promote both the understanding of research and practice and the use of both with the public, with public health practitioners, governing entities and other audiences that could then become advocates for research and practice to contribute to the science of public health.

Domain 10: Contribute to and apply the evidence base of public health

Promote Understanding and Use of Research

Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Measure	Required Documentation	Interpretation and Guidance
10.2.1 B:		The intent of this measure is to demonstrate that the health department is sharing research findings with appropriate audiences both within and outside the public health profession.

DRAFT – DRAFT – DRAFT – DRAFT

Communicate research findings, including public health implications	<ul style="list-style-type: none"> Two examples of communication of research findings (evaluated pursuant to 10.2.3 S) and their implications to stakeholders, LHDs, public health system partners, and/or the public 	<p>Included in the information to be disseminated would be any findings that have public health implications – both good or bad.</p> <p>The documentation for this measure is required. The health department is to provide two examples showing that the department communicated research findings along with public health implications to stakeholders, partners or the public. The communication may include by presentation, prepared report, discussion at a meeting and recorded in minutes, web posting, email listserve, newspaper article or press release. Appropriate audiences could be the governing entity, elected officials, department funders, agencies who collaborate with the health department in the delivery of services, community and healthcare partners, and the general public. Various audiences would be especially appropriate if involved in or affected by the research.</p> <p>The research findings must be evaluated pursuant to 10.2.3 S. This means that the research should be evaluated by experts to provide valid and credible implications when distributed.</p>		
Type of Measure <i>Process</i>	Type of Review <i>Health Department Level</i>	State	Local	Tribal
		In any distribution list of research findings, the local health departments in the state should be included.		

Domain 10: Contribute to and apply the evidence base of public health		
Promote Understanding and Use of Research Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.		
Measure	Required Documentation	Interpretation and Guidance
10.2.2 B: Develop and implement	<ul style="list-style-type: none"> Policies regarding 	Individuals must be protected from intentional or unintentional harm from research. A review panel should approve all projects to assure this happens. Approval for human rights protection

DRAFT – DRAFT – DRAFT – DRAFT

<p>policies that ensure human subjects are protected when the agency is involved in research activities</p>	<p>research, such as Institutional Review Board (IRB) policy</p> <ul style="list-style-type: none"> One example within the last three years, where applicable, of use of policies 	<p>may be done at the health department or at the host research organization. Someone in the health department must have the responsibility for research aspects involving the department. This may be an individual or a group of persons. The health department has the responsibility to oversee public health research that involves their clients or community members to ensure that the research activities are ethical and benefits the discipline of public health.</p> <p>The health department shall develop and implement policies ensuring that any state and federal requirements are followed regarding the rights of participants in public health research projects. The policies should define the process for handing any requests to use health department clients by an outside organization or requests by the health department to use health department clients or members of the general public. The research policies should address participants' rights when the health department is conducting or involved in research. Research activities should have Institution Review Board, or equivalent, approval obtained before beginning a research project involving human subjects.</p> <p>The required documentation for this measure includes the policies developed by the health department to oversee research. The research policies used as documentation should define conditions for participation in the research, state who oversees the research program and define staff roles. The policy should also have any protocols for review and approval of the research project. The other element of the documentation is to provide an example of the use of the policy. The example must have been within the past 3 years. If the health department has not participated in research involving human subjects in the past 3 years, provide a statement stating so.</p>		
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>	<p>State</p>	<p>Local</p>	<p>Tribal</p>

DRAFT – DRAFT – DRAFT – DRAFT

Domain 10: Contribute to and apply the evidence base of public health				
Promote Understanding and Use of Research				
Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.				
Measure	Required Documentation	Interpretation and Guidance		
10.2.3 S: Maintain access to expertise to evaluate current research and its public health implications	<ul style="list-style-type: none"> Documentation of expert availability (internal or external) for analysis of research 	<p>This measure requires that the state health department maintain access to expertise to evaluate research and its implications. The expertise may be within the department or may reside at an outside agency, such as an academic institution, research center or institute, as long as the department has access to the expertise. This measure links back to 10.2.1 B. Measure 10.2.1 B requires that public health implications be communicated but that it also be properly evaluated. This measure ensures that the needed expertise for evaluation is available.</p> <p>The required documentation for this measure is to provide the list of experts who are available.</p> <p>Note: This measure includes evaluation of the current body of research relevant to public health practice, including but not limited to research that the agency has participated in.</p>		
		State	Local	Tribal
Type of Measure <i>Capacity</i>	Type of Review <i>Health Department Level</i>			

DRAFT – DRAFT – DRAFT – DRAFT

Domain 10: Contribute to and apply the evidence base of public health

Promote Understanding and Use of Research

Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Measure	Required Documentation	Interpretation and Guidance		
10.2.4 S : Provide technical assistance, as requested, to LHDs and other public health system partners in applying relevant research results, evidence-based and/or promising practices	<ul style="list-style-type: none"> Two examples of technical assistance to LHDs and other organizations in applying relevant research, evidence-based and/or promising practices 	<p>This measure links together with 10.2.1 B and with 10.2.3 S. Each of these three measures build upon each other in providing a means to evaluate and to communicate research findings to appropriate audiences.</p> <p>10.2.3 S requires that the state health department have expertise available. This measure requires that the department provide assistance to others in applying research and practice, when requested.</p> <p>The required documentation for this measure is to provide two examples where technical assistance was given. The assistance can be to local health departments or other system partners. The technical assistance is specified as helping with how to apply relevant research results, evidence-based and/or promising practices. The measure only requires the provision of technical assistance on an “as requested” basis. If there has not been any request, the agency may use examples where it has communicated how technical assistance may be requested or on what the assistance may be composed of.</p>		
		<p style="text-align: center;">State</p> <p>The state department cannot use examples of providing technical assistance to itself or various divisions within the department.</p>	<p style="text-align: center;">Local</p>	<p style="text-align: center;">Tribal</p>
<p>Type of Measure <i>Process</i></p>	<p>Type of Review <i>Health Department Level</i></p>			